

## ACKNOWLEDGEMENTS

The development of the 2020 – 2023 Area Plan involved participation by many individuals and organizations. Long Term Care and Aging (LTCA) would like to thank Homage Senior Services, Alzheimer’s Association, Sno-Isle Libraries and others for partnering with us to expand the amount and type of information available about the concerns and interests of Snohomish County older adults and persons with disabilities. In particular, we would like to thank the older adults, family caregivers and other community members who took time to share their experiences with us.

We would like to express our sincere gratitude to the following senior centers for their participation and assistance in distributing surveys to their members:

Cascade Seniors	Mountlake Terrace Senior Center
Carl Gipson Senior Center	Mukilteo Seniors
Edmonds Senior Center	Northshore / Mill Creek Senior Center
Homage Multicultural Senior Center	Sky Valley Senior Center
Ken Baxter Senior Center	Snohomish Senior Center
Lake Stevens Senior Center	Stanwood Community and Senior Center
Lynnwood Senior Center	Stillaguamish Senior Center
Monroe Community Senior Center	

The Snohomish County Council on Aging (COA) also deserves special recognition and appreciation for their contributions. Members served as a sounding board throughout the plan development process providing feedback and guidance. As they do throughout their terms, COA members advocated for seniors and the services and opportunities that allow older adults to live safely and thrive in their community.

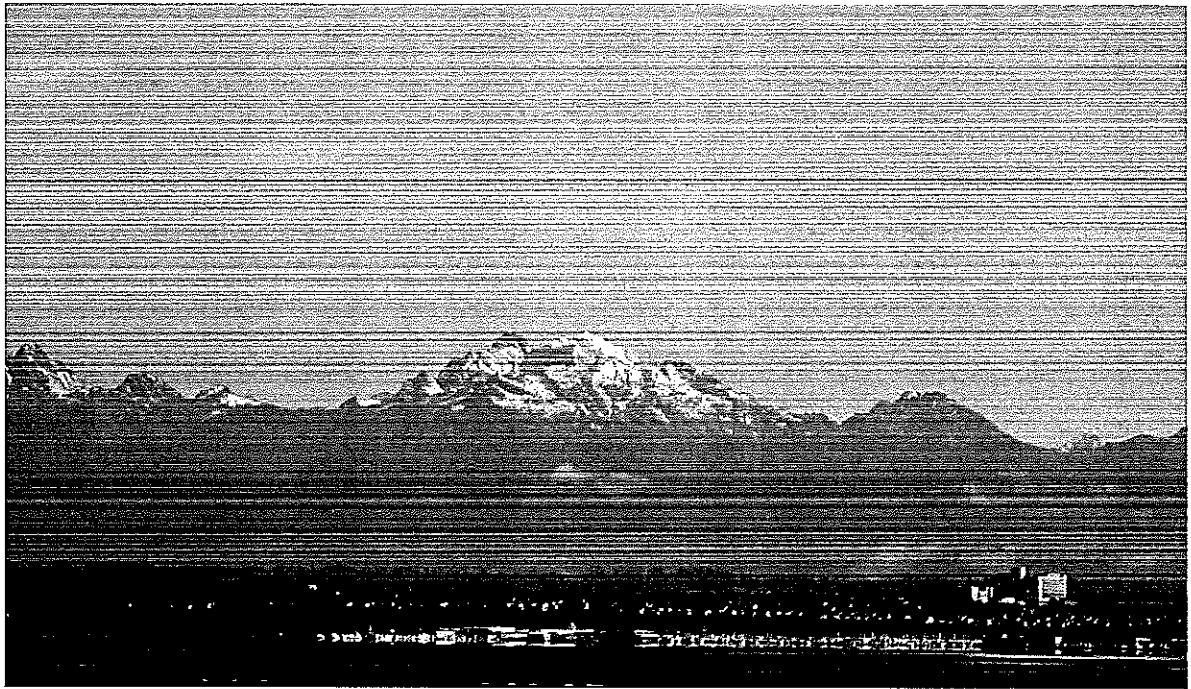
Current and former Snohomish County Council on Aging Members:

Susan Baker	Bob Lee
Vic Battson	Deborah Lewis
Sue Cavelero	Karen Rosenbaugh
Jim Cox	Keith Smith
Ron Hoefler	Mee Ran Sung
Jan Howard	John Tam
Dianne Klem	Dennis Wheeler

---

*Snohomish County*

*Working for Age and Dementia Friendly Communities*



*Snohomish County*  
*Area Plan on Aging*  
*2020-2023*



We also appreciate the valuable contributions made by Human Services staff in the development of the plan. Special recognition to Nathan Marti and Kelsey Bang-Olsen, Planning and Evaluation; Lori Corbray, Fiscal Supervisor; Constance Hockett, Administrative Support; Laura White, Aging and Disability Division Manager; and Long Term Care and Aging Staff listed below:

Aime Fink, AAA Director  
Daniel Ataman  
Joyce Austin  
Kile Beaudry  
Maria Boyer  
Cole Caplan  
Allison Cobb

April Fugate  
Janet Gant  
Michal Glauner  
Lindsey Legaspi  
Stefanie Novacek  
Lori Quinlan  
Linda Vizmanos

# **SNOHOMISH COUNTY LONG TERM CARE AND AGING 2020 – 2023 AREA PLAN ON AGING**

## **TABLE OF CONTENTS**

### **Section A Area Agency Planning and Priorities**

- A-1 Introduction
- A-2 Mission, Vision, Values
- A-3 Planning and Review Process
- A-4 Prioritization of Discretionary Funding

### **Section B Planning and Service Area Profile**

- B-1 Target Population Profile
- B-2 AAA Services and Partnerships
- B-3 Focal Points

### **Section C Issue Areas Themes:**

1. Healthy aging
2. Expanding and strengthening services and supports that prevent or delay entry into Medicaid funded Long Term Services and Supports
3. Person-centered home and community based services
4. 7.01 Planning with Native American Tribes and Tribal Organizations

### **Section D Area Plan Budget (See also Excel AP Budget attachment)**

- D-1 Area Plan Budget Summary
- D-2 Expenditure/Revenue Detail by Funding Source
- D-3 Area Plan Formula Worksheet
- D-4 Staff Full Time Equivalent Breakout
- D-5 AAA Individual Direct Services Worksheet
- D-6 AAA Total Direct Services Worksheet Including Subcontracted Cost
- D-7 Family Caregiver Support Program—Number of Units and Persons Served
- D-8 Staff Full Time Equivalent Breakout

### **Appendices**

- A Organization Chart
- B Staffing Plan
- C Emergency Response Plan
- D Advisory Council
- E Public Process
- F Report on Accomplishments of 2018-2019 Area Plan Update
- G Statement of Assurances and Verification of Intent

## INTRODUCTION

Snohomish County Long Term Care & Aging (LTCA) is the designated Area Agency on Aging (AAA) for Snohomish County. Under the auspices of the County's Department of Human Services, LTCA is responsible for developing a comprehensive and coordinated system of services for persons age 60 and over. LTCA also works to meet the needs of adults with disabilities through home and community-based services.

AAAs were created under the 1965 federal Older Americans Act to provide services and represent the interests of older persons. There are a network of approximately 620 Area Agencies on Aging across the country, and 13 AAAs in Washington State.

As the local AAA, LTCA conducts planning efforts and advocates with and on behalf of older adults and adult with disabilities in the County. LTCA also administers federal, state and county funds to provide in-home and community-based services. These services are provided through direct service provision and by contracting with local organizations.

The Snohomish County Council on Aging (COA) is an up to 30-member advisory board that helps guide the work of LTCA. The County Executive recommends members for three-year terms, and the Snohomish County Council confirms these appointments. COA members advise LTCA and elected officials on concerns of the County's older population and adults with disabilities. The COA also participates in educational and advocacy efforts on behalf of older persons and adults with disabilities.

Comments or questions about the Plan or the work of LTCA should be directed to:

Snohomish County Long Term Care & Aging  
Aime Fink  
3000 Rockefeller Avenue, M/S 305  
Everett, WA 98201  
(425) 388-6218  
[Aime.fink@snoco.org](mailto:Aime.fink@snoco.org)

A copy of this document can be found on the following website:  
<https://snohomishcountywa.gov/430/Long-Term-Care-Aging>

# MISSION, VISION, VALUES

## MISSION STATEMENT

Snohomish County Long Term Care and Aging (LTCA) provides community leadership on issues related to aging. LTCA plans, coordinates, and advocates for the development and delivery of a range of services that help older persons and adults with disabilities to maximize their independence in the living environment of their choice throughout Snohomish County.

## VISION AND VALUES

- Collaborate with provider agencies, local governments, and businesses to plan for the changing demographics of our community;
- Advocate, monitor, evaluate, educate and comment upon policies, programs, and other community actions that effect older individuals and adult with disabilities. Efforts are targeted to assure the most economically, socially, and physically vulnerable members of our community;
  - have their basic needs for food, nutrition and shelter met;
  - are protected from abuse, neglect and exploitation;
  - have access to affordable, quality health care, including dental care, mental health services and prescription medications;
  - are supported in their efforts to plan and manage their own lives;
  - are able to readily gain information and assistance in accessing services;
- Provide support to paid or unpaid caregivers and assist them in sustaining their caregiving efforts;
- Assist adults with functional impairments in accessing, obtaining and effectively using necessary services which will enable them to maintain the highest level of independence in the least restrictive setting and avoid or delay institutionalization;
- LTCA works closely with and values the work of the wide network of service providers, clients, and community members invested in creating a senior-friendly community. The AAA continually receives input and guidance from this network through both formal and informal processes.

## **PLANNING AND REVIEW PROCESS**

The Area Plan is developed every four years by the Area Agency on Aging (AAA) as a response to current needs of the community. The plan outlines actions and programs the AAA will undertake to further its vision of an elder friendly community and serving the needs of adults with disabilities.

One of the Snohomish County's Long Term Care and Aging (LTCA) most important activities is the creation of a four-year Area Plan describing the steps it will take to advance its mission, vision, and values for the period from 2020 through 2023. The significant activities that led to the development and updates to this document are described below.

### **Research on Specific Issue Areas**

Snohomish County LTCA staff continuously research key issues and areas for ongoing development of the plan, attend meetings and trainings, and discuss issues as identified in the Area Plan. Key data and tools used for the Area Plan include recent state legislative direction, the work of the Joint Legislative/Executive Committee on Aging and Disabilities, the Washington State Plan to Address Alzheimer's Disease, and the Health Care Authority's Plan for a Healthier Washington.

### **Community Survey**

A community survey was developed in collaboration between the Council on Aging (COA) and the Snohomish County LTCA to gather information on the most important issues for older adults, adults with disabilities and caregivers. This survey was made available in written format and online. Links to the online survey were provided through direct email notices, from the Snohomish County Human Services website, publication of the survey link in the Herald newspaper and was in a Snohomish County public service announcement. The written survey was placed at all of the senior centers in the County, at several senior housing facilities, and included in the Senior Focus Newsletter.

2,138 surveys were completed online. Tabulation of the results are included in Appendix E.

### **Focus Groups**

LTCA conducted six (6) in-person focus groups issues facing unpaid caregivers in Snohomish County. Translators were used for the limited-and non-English speaking groups. Focus groups were conducted at the Carl Gibson Senior Center, Alzheimer's Association, the Stillaguamish Senior Center, Homage Senior Services (Center for Healthy Living) and Snohomish County Human Services. The focus groups included both the Korean and Spanish senior communities, and had representation from both

rural and urban Snohomish County. The qualitative data identified at the focus groups and supporting research on this qualitative data are included in Appendix E.

### **Council on Aging**

Council on Aging members participated in the development and implementation of the Community Survey. Council on Aging members provided insight and direction to guide the prioritization of the discretionary funded programming for the Snohomish County LTCA. Council on Aging members provided narrative regarding their structure and importance in their advisory role and partnership with Snohomish County LTCA. The COA provided the approval of the draft Area Plan in the July 24, 2019 general membership meeting. COA members participated in the planning and provided support for the public hearing.

### **Public Review**

A legal notice announcing the availability of the public comment sections of the Area Plan on Aging for review appeared in the Everett Herald newspaper. Additional notices about the Area Plan on Aging review period were sent to over 100 providers, elected officials and the general public who are on LTCA's mail and e-mail lists. A copy of the Executive Summary and public comment sections of the Area Plan was posted on the Human Services Department web site for fifteen (15) business days. Finally, a public hearing was held on August 14, 2019. The public hearing was held in the Public Hearing Room on the Snohomish County Campus in Everett.

### **Snohomish County Area Plan on Aging Review/Approval**

The Snohomish County Human Services Director conducted the final review of the 2020-2023 Area Plan. Upon completion of Snohomish County's Human Service review and approval of the Area Plan on Aging draft, the plan was completed and forwarded to Washington State Aging and Long Term Services and Supports Administration (AL TSA).

### **Planning Timeline for 2020-2023 Area Plan on Aging for the Council on Aging membership and Snohomish County Long Term Care and Aging**

*October 2018-June 2019 Snohomish County Campus  
Long Term Care and Aging Planning and Collaboration with Network Partners for 2020-2023 Area Plan on Aging  
Sections B-1, B-2, B-3, C-1.1, C-1.2, C-1.3, C-1.4  
Appendices A, B, C, E.1, E.2, E.3*

Long Term Care and Aging met with Snohomish County Human Services (fiscal, case management, research), community partners and contractors to plan and complete sections of the Area Plan collaboratively.



*February-March, 2019 Snohomish County Campus  
Council on Aging Survey—Area Plan Survey  
Appendices E.1-E.3*

Survey was developed by Council on Aging members with support from Long Term Care and Aging staff in a series of meetings and presented to the overall Council on Aging for approval. Council on Aging body approved the document and the process for dissemination of the surveys is presented in Appendix E.2.

*April-July, 2019 Snohomish County Campus  
Focus Groups for Unpaid Caregivers—Area Plan on Aging  
Appendices E.4-E.6*

Strength based focus group and data collection process was developed by Long Term Care and Aging staff. Focus groups were scheduled and six (6) focus groups were facilitated and data collection completed by Long Term Care and Aging staff. Dates and locations of focus groups are as follows:

- Snohomish County Campus, June 4, 2019
- Alzheimer's Association, June 11, 2019
- Alzheimer's Association, June 14, 2019
- Carl Gibson Senior Center, July 2, 2019
- Stillaguamish Senior Center, July 2, 2019
- Homage Senior Services, Center for Healthy Living, July 8, 2019

*May 2nd, 2019 Snohomish County Campus  
Prioritization of Discretionary Funds  
Section A-4*

Review of document and revisions were made—updates to document were made collaboratively and approved by the body of the Council on Aging. The updates to the document were sent out for public comment (online and public hearing), approval through the Snohomish County Leadership process and then submitted to the Department of Social and Health Services, Aging and Long Term Support Administration, State Unit on Aging.

*June 6, 2019 Snohomish County Campus  
Council on Aging Description  
Section B-2 AAA Services and Partnerships*

Review of document and revisions were made—updates to document were made collaboratively and approved by the body of the Council on Aging. The updates to the document were sent out for public comment (online and public hearing), approval through the Snohomish County Leadership process and then submitted to the Department of Social and Health Services, Aging and Long Term Support Administration, State Unit on Aging.

*July 24, 2019 Homage Senior Services  
Council on Aging approval of 2020-2023 Area Plan on Aging approval process*

Council on Aging body approved 2020-2023 Area Plan on Aging process. The 2020-2023 Area Plan on Aging were then sent out for public comment (online on the Snohomish County website and public hearing at the Snohomish County campus), approval through the Snohomish County Leadership process and then submitted to the Department of Social and Health Services, Aging and Long Term Support Administration, State Unit on Aging.

*August 6, 2019 Snohomish County Campus  
Public Hearing Presentation and Process Planning  
Appendix E.7 Executive Summary of Area Plan on Aging Public Hearing*

Review and edit of Area Plan on Aging Public Hearing power point and structure of the public hearing were made in collaboration between Council on Aging members and Long Term Care and Aging staff.

## **PRIORITIZATION OF DISCRETIONARY FUNDS**

(Guidelines for Funding Decisions)

Snohomish County Long Term Care & Aging (LTCA) administers federal, state and local funds for services provided to older people and adults with disabilities. Most of the funding the *Area Agency on Aging (AAA)* receives is designated for specific services such as Community First Choice (CFC), Medicaid Personal Care (MPC), support to unpaid caregivers, and United States Department of Agriculture (USDA) funds for meal programs. The AAA also receives “discretionary” funding from the federal Older Americans Act (OAA) and the State Senior Citizens Services Act (SCSA). These funds are more flexible and can be used to support services to adults age 60 and over, primarily based on locally defined needs.

LTCA uses an established process to make decisions when changes occur in the amount of funding available. Following the guidelines listed below, the Council on Aging (COA) reviews information provided by LTCA and makes recommendations. Service providers, as well as the general public, have an opportunity to provide input, review, and comment on the funding recommendations. All meetings of the COA are open to the public.

### **Priority in Funding Services**

- In making decisions to increase or decrease funding for services, the AAA’s first priority is to create and maintain a comprehensive and coordinated network of services for older persons and adults with disabilities in Snohomish County.
- An emphasis will be placed on maintaining and enhancing services that are targeted for frail and vulnerable older persons. A person is considered vulnerable if he/she meets the following criteria:
  - Is unable to perform one or more activities of daily living without assistance due to physical, cognitive, emotional, psychological or social impairment. A higher priority will be given to those individuals who lack an informal support system; i.e. no family, friends, neighbors or others who are both willing and able to perform the service(s) needed.
  - Has behavioral or mental health problems that could result in premature institutionalization, or is unable to provide for his/her own health and safety primarily due to cognitive, behavioral, psychological/emotional conditions inhibiting decision-making and threatening their ability to remain independent. A higher priority will be given to those individuals who lack an informal support system i.e. has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed.

## **Factors in Funding Decisions**

Although flexibility exists in the use of discretionary funds, the federal Older Americans Act mandates the following services be funded:

- Congregate Nutrition;
- Home Delivered Meals;
- In-Home Services;
- Legal Services; and
- Access Services (outreach, information & assistance, case management, and/or transportation services).

In addition, Information and Assistance is considered central to a comprehensive and coordinated network of services for older persons. The Older Americans Act of 1965 called for AAAs to “provide for the establishment and maintenance of information and assistance services in sufficient numbers to assure that all older individuals have reasonably convenient access” to services.

## **Approach to Developing Funding Priorities**

When prioritizing services for additional funding or when reductions in funding must be made, the following strategic questions will be considered:

- Does the service reach the priority population?

(In addition to the vulnerable elderly described above, the priority population includes those with greatest economic or social need, low-income racial and ethnic groups and other under-represented groups, those with severe disabilities, rural elderly, limited English-speaking, and those with Alzheimer’s disease or related disorders.)

- Does the service enhance a person’s ability to live independently?
- Are there other primary sources of funding for the service?
- Should current and historical levels of funding for the service continue?
- What amount of funding is necessary to maintain adequate operating levels of the service?

## **Decisions to Reduce or Eliminate Services Due to Funding Shortfalls**

Since many factors change over time, priorities may not be the same year after year. For example, if a program has matching funds or other funding sources that are reduced, it may no longer be viable, even with funding from the AAA.

The Council on Aging (COA) reviews the programs over the year so that members are well-versed in what the programs provide and what populations they serve. This in-depth knowledge, along with discussion and community input, guide staff in determining what programs are determined to have the highest priority status.

The list below prioritizes the discretionary programs, with Level One being highest priority and were restructured for the 2020-2023 Area Plan on Aging.

Level One	Level Two	Level Three
Stabilized Housing  Case Management	Geriatric Depression Screening  Senior Peer Counseling  Volunteer Transportation  Client Specific Funds	Dental Services  Ethnic Meal Transportation  Adult Day Health

## TARGET POPULATION PROFILE

Snohomish County is situated between northern Puget Sound to the west and the crest line of the North Cascade Range to the east. It shares its northern border with rural Skagit County and borders King County to the south. Snohomish County is separated from Camano Island (part of Island County) by Davis Slough. The highest point in Snohomish County is Granite Peak (10,541 feet).

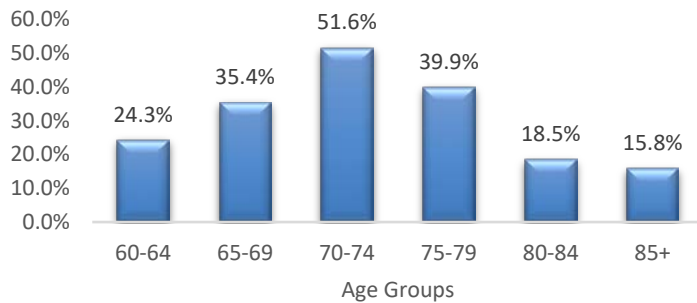
The geographic distribution of population, economic activity and land use in Snohomish County is diverse, with a mix of rural and urban zones. For the most part, population centers in the county are oriented south in proximity to the border with King County and west along Interstate 5. By contrast, north and east Snohomish County are characterized by smaller cities, farms and reservations.

The county ranks thirteenth statewide in terms of total land area (2,087.3 square miles), is the third most populated county and is the seventh most densely populated county in Washington, with 385.73 people per square mile in 2018.<sup>1</sup>

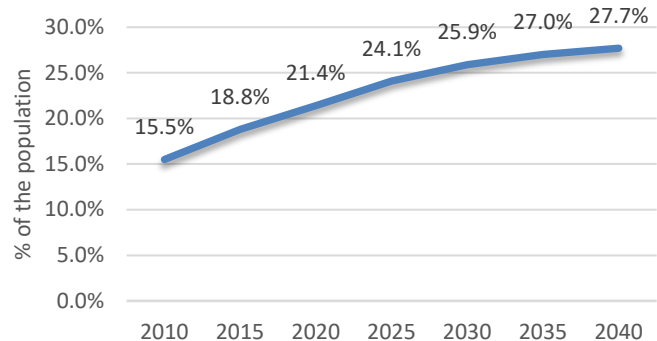
Between 2013 and 2018, the largest percentage change in population in Snohomish County was for those age 70 to 74 and 75 to 79 (increases of 51.6% and 39.9% respectively). The third largest percentage increase was for those ages 65 to 69 (35.4%).<sup>2</sup>

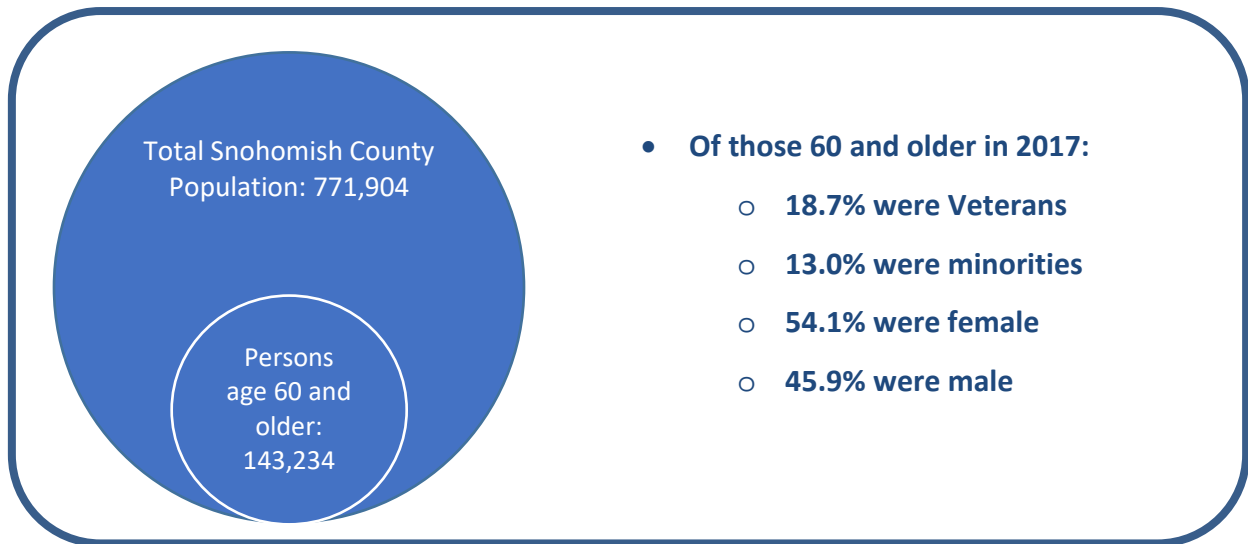
It is projected that there will be an increase of 47.6% between 2015 and 2020 for those age 70 to 74 and 36.9% for those age 75 to 79. Currently, those age 60+ comprise 20.8% of the Snohomish County population; by 2020, it is anticipated that 21.4% of the population (close to one-fifth of the population: 179,976) will consist of those in this age group.<sup>3</sup>

**2013-2018 percent change in population for those age 60+**



**Percent those age 60+ comprise of the Snohomish County population**





As shown above, in 2017 there were an estimated 143,234 persons age 60 and over in Snohomish County. Of these, 18,620 (13.0%) were minorities, 77,490 (54.1%) were female, and 65,744 (45.9%) were male. <sup>4</sup>

Based on the 2017 American Community Survey (ACS) more than half (65.3%) of those 60 and older had at least some college education. Over one-half (59.6%) were married, and a little less than one-fifth (16.3%) were widowed. A small portion (6.2%) lived with their grandchildren. A very small portion (1.5%) had no telephone service available. Close to one-third (30.0%) had a disability. Over one-tenth (13.4%) spoke a language other than English in their own homes. Lastly, there were approximately 11,459 residents over the age of 60 who reported that they spoke English “less than very well.”

### **Grandparents Raising Children**

Historically, extended family members have often provided a safety net for children whose parents have been unable to care for them. In recent years, grandparents are more likely to have taken on this responsibility. In recognition of this trend, in 2002 the US Census Bureau began collecting information on grandparents raising grandchildren.

The 2017 American Community Survey reports that in Snohomish County, 15,739 residents live with their grandchildren under the age of 18 years. Of those, 25.9% (4,083) are responsible for their grandchildren. Of the 4,083, 50.2% (2,100) are age 60 and over, and over one-quarter (29.0%) of those 60 and older have some disability. <sup>5</sup>

### **Native Americans**

In 2017, there was an estimated 12,306 (1.56% of County population) American Indian and Alaskan Native Snohomish County residents. Over one-tenth (13.25%) were 60 and older.<sup>6</sup> There are three tribal groups in Snohomish County. They are the Sauk-Suiattle, Stillaguamish, and Tulalip Tribes. All three tribal groups have Title VI programs. The Sauk-Suiattle Tribe receives AAA services through the Northwest Regional Council.

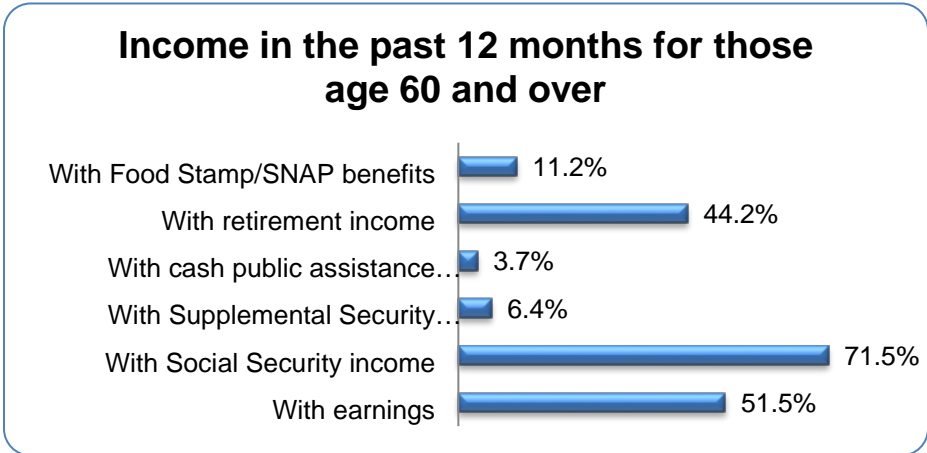
### Elder Economic Security Index for Snohomish County

The Elder Economic Security Index for Elders was created through a partnership between the Washington Association of Area Agencies on Aging and Wider Opportunities for Women. This index allows for a quick snapshot of the costs that older adults in Snohomish County face. The Index provides a benchmark for the minimum income older adults need to make ends meet and live in their own homes.

#### Monthly Expenses for Selected Household Types<sup>7</sup>

Expenses/Monthly	Elder Person (age 65+)			Elder Couple (both age 65+)		
	Owner w/o mortgage	Renter, one bedroom	Owner w/mortgage	Owner w/o mortgage	Renter, one bedroom	Owner w/mortgage
Housing (including utilities, taxes & insurance)	\$ 612	\$ 1,031	\$ 1,793	\$ 612	\$ 1,031	\$ 1,793
Food	\$ 256	\$ 256	\$ 256	\$ 470	\$ 470	\$ 470
Transportation	\$ 200	\$ 200	\$ 200	\$ 309	\$ 309	\$ 309
Health Care (good health)	\$ 452	\$ 452	\$ 452	\$ 904	\$ 904	\$ 904
Miscellaneous	\$ 304	\$ 304	\$ 304	\$ 459	\$ 459	\$ 459
Elder Index Per Month	\$ 1,824	\$ 2,243	\$ 3,005	\$ 2,754	\$ 3,173	\$ 3,935
Elder Index Per Year	\$ 21,888	\$ 26,916	\$ 36,060	\$ 33,048	\$ 38,076	\$ 47,220

The 2017 American Community Survey indicates that close to half (51.5%) of Snohomish County households over the age of 60 have income related to earnings. Most (71.5%) of these households receive Social Security Income with the average annual amount being \$21,032. Under half (44.2%) receive an average annual

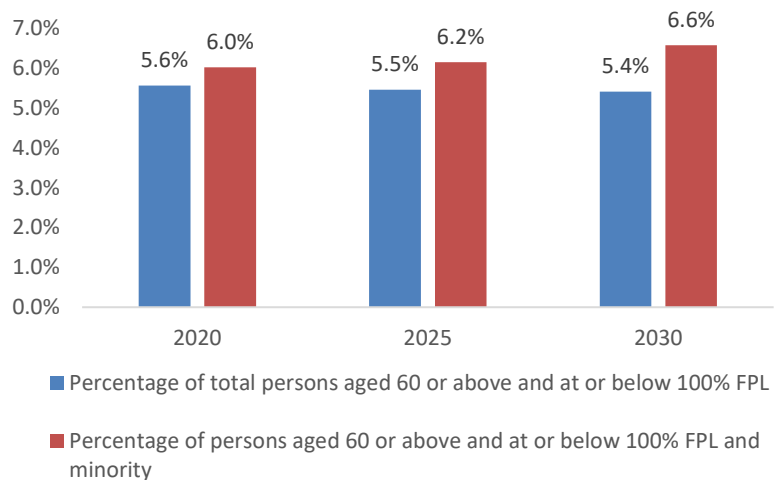




retirement income of \$26,023. Only 3.7% receive cash public assistance and those who do, receive on average \$2,529 annually. Slightly more (6.4%) receive Supplemental Security Income of an average of \$10,822 per year. Almost one-tenth (7.5%) of seniors age 60+ years were at or below 100% of the poverty level in the past 12 months.

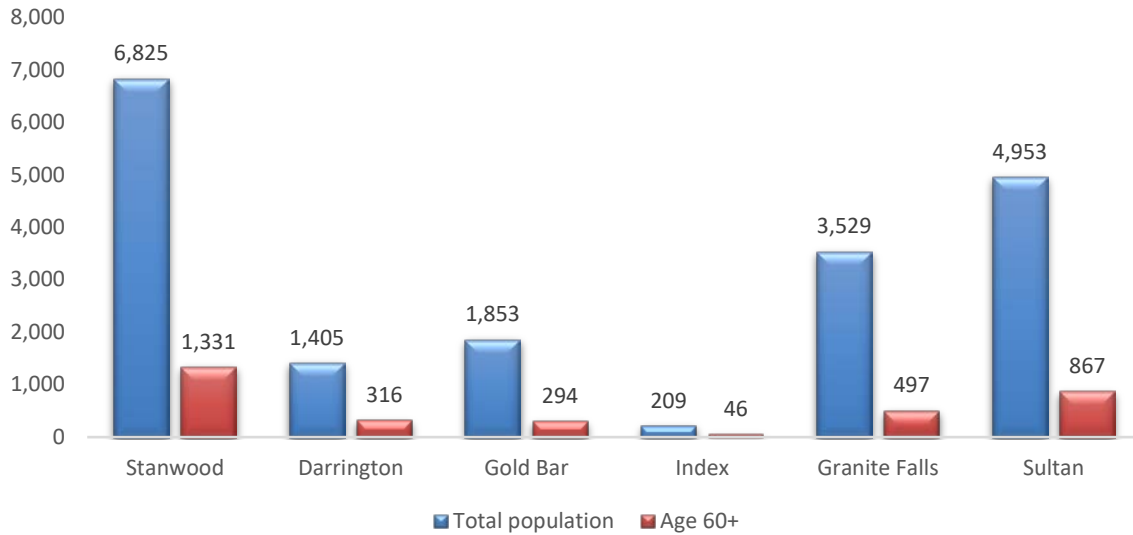
According to research conducted through the Washington State Department of Social and Health Services Research and Data Analysis Division,<sup>8</sup> an estimated 5.7% (9,224 persons) of Snohomish County residents ages 60 and older in 2018 are at or below 100% of the poverty level. For minorities in the same age group, it was projected to be 6.1% (1,404 persons) for 2018. Using the same projection model, they estimate 5.6% (9,972 persons) of Snohomish County residents ages 60 and older will be at or below 100% of the poverty level in 2020, and 5.4% in 2030. For minorities in the same age group, it is estimated that 6.0% (1,591 persons) will be at or below 100% of the poverty level in 2020, and 6.6% in 2030.

Percentage that are at or below 100% of federal poverty level



In 2017, it was estimated that close to one-quarter (23.1%) of Snohomish County residents over the age of 60 were in renter-occupied housing units. Additionally, over half of the households (56.2%) paid 30% or more of their household income on rent. The median gross rent was \$1,053 while the median monthly owner costs were \$1,758 (with mortgage) and \$607 (without mortgage).<sup>9</sup>

## Profile of Selected Rural Cities



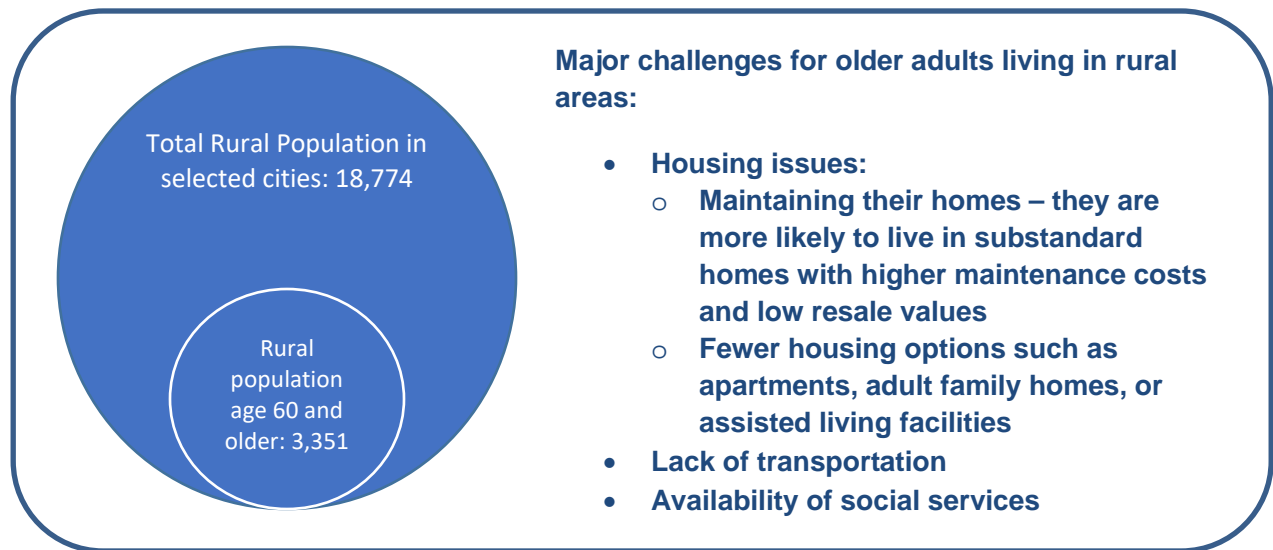
### Older Adults Living in Rural Areas

In Snohomish County, there are an estimated 3,351 persons age 60 and older living in rural areas.\*

While there are many benefits to living in rural areas, older adults residing in these communities often experience challenges in maintaining their homes and accessing services due to their geographic isolation. The 2000 reauthorization of the federal Older Americans Act recognized the unique needs of the rural elderly and called upon the AAAs to ensure access to services in rural areas.

---

\* In Washington State, the Aging and Disability Services Administration defines rural areas as: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or census designated place with 20,000 or more inhabitants.



National reports indicate that older adults in rural areas live in single-family homes they own. They feel a strong attachment to their homes and communities, and prefer to “age in place” even when health and physical limitations make it difficult for them to remain in their own homes. The challenges to remaining in the community are compounded by the fact that there are few other housing options such as apartments, adult family homes, or assisted living facilities available in most rural communities.

Older adults in rural communities often rely on family and other informal networks for support and assistance. Kinship ties are considered to be especially close in rural communities and help make up for the lack of more formal support services.

## References:

---

- <sup>1</sup> Washington State Employment Security Department Snohomish County profile: <https://esd.wa.gov/labormarketinfo/county-profiles/snohomish>
- <sup>2</sup> 2018 estimates of April 1 population by age, sex, race and Hispanic origin: <https://ofm.wa.gov/washington-data-research/population-demographics/population-estimates/estimates-april-1-population-age-sex-race-and-hispanic-origin>
- <sup>3</sup> Washington State Office of Financial Management Growth Management Population for Counties 2010 to 2040 Projections, medium series by age and sex: <http://www.ofm.wa.gov/pop/gma/projections12/projections12.asp>
- <sup>4</sup> 2017 American Community Survey table S0102 Population 60 years and over: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- <sup>5</sup> 2017 American Community Survey table S1002 Grandparents: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
- <sup>6</sup> 2017 Estimates of the Total Population by Race Category for Counties. Washington State Office of Financial Management: <http://www.ofm.wa.gov/pop/asr/default.asp>
- <sup>7</sup> Elder Economic Security Standard Index: <http://www.basiceconomicsecurity.org/>
- <sup>8</sup> The number of minority persons over the age of 60 is pulled from a report provided by DSHS RDA: Forecasts of the Aging Population, Dementia Prevalence and Use of Long-Term Care Services through 2030 in Washington State: this report is not available online currently.
- <sup>9</sup> 2017 American Community Survey table S0102 Population 60 years and over: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

## **AAA SERVICES AND PARTNERSHIPS**

Snohomish County Long Term Care & Aging funds many services that help people remain self-reliant in our community. These services help prevent premature institutionalization for older adults and adults with disabilities.

### **Adult Day Health**

Adult Day Health provides health, social and support services to frail elders and adults with disabilities who have a wide range of physical, mental or social problems associated with chronic diseases, developmental disabilities, Alzheimer's disease and other conditions. Clinical staff, case managers and a social worker offer a coordinated, team approach. Registered nurses provide health monitoring, treatment and education. An occupational therapist implements rehab therapies to improve strength, balance and coordination. Recreational activities, discussion groups, snacks and a hot meal are part of the program. The program provides individual attention, therapeutic activities, modified exercises, crafts, health programs, short outings, and family support. The program partners with families and other in-home caregivers, helping avoid the premature or unnecessary placement of a family member into a nursing home.

Northshore Senior Center and Full Life Care operate the two Adult Day Health Programs in Snohomish County serving residents throughout the County and providing service five days per week.

### **Aging and Disability Resource Network (ADRN)**

The Snohomish County Aging and Disability Network (ADRN) serves people of all ages needing information about services in their community. ADRN Specialists assist older adults, people with disabilities, and their representatives and helpers locate services and resources that will help them make informed decisions to meet their daily and long term care needs. Specialists also assist with initial screenings and referrals to DSHS Home & Community Services, Medicaid Transformation Project Demonstration (MTPD), the Intensive Case Management program, and more. ADRN Staff provide services by phone, email, and in person, utilizing the Community Living Connections database and coordinating with service partners and organizations throughout the county to offer a full range of information and resources. The ADRN employs staff fluent in Spanish, Korean, Mandarin, Cantonese, Ukrainian, Russian, Tagalog, and Vietnamese, and uses a translation service to assist people in a variety of languages.

### **Case Management Program**

The Case Management Program provides comprehensive assessments and service planning for functionally and financially frail older persons and adults with disabilities. Once services are in place, case managers provide monitoring and follow up to ensure

the clients' needs are met. The Snohomish County AAA Case Management Program serves approximately 9.5 percent of Washington State's population of older adults and individuals with disabilities who are eligible for Medicaid funded, community-based, long term care services. We currently provide case management services to about 3600 clients in Snohomish County and that number continues to grow every year. Approximately 2050 of those clients are non-English speaking. Our clients are diverse and speak 52 different languages. Most services are provided through Community First Choice (CFC), Community First Choice + COPES (CFC+COPES) or Medicaid Personal Care programs. Staff are bilingual in seventeen (17) languages. Those languages include, Spanish, Ilocano, Farsi, Swahili, Korean, Cambodian, Russian, Ukrainian, Vietnamese, Tagalog, Japanese, Ibo, Yoruba, French, Amharic, Oromo, and German. Interpreter services are also provided.

### **Chronic Disease Self-Management Program**

The Chronic Disease Self-Management Program (CDSMP) teaches adults with chronic diseases the skills and techniques necessary to actively manage their health conditions. CDSMP consists of a free workshop given two and one-half hours, once a week, for six weeks in community settings. Subjects covered in the workshops include how to develop action plans to deal with problems and symptoms; techniques for effective communication with family, friends, and health professionals; appropriate exercise; and nutrition. CDSMP is an evidence-based practice developed, evaluated, and continually updated by the Self-Management Resource Center. Diabetes Self-Management and Chronic Pain Self-Management Programs are also offered and use many of the same techniques.

### **Client Specific Funds**

Client Specific Funds (CSF) are available to some older adults to help them stay in their own homes with increased safety and independence with the goal of enhancing their quality of life. Applicants must be 60 years of age or older and reside in Snohomish County. Clients must have no other funding sources available to meet their need(s). Requests for assistance under CSF: are limited to the availability of funds, is a once in a life time benefit per client, and benefit amount is approved by the CSF panel. The CSF panel is comprised of representatives from county programs and community agencies and their role is to review applications and recommend allocations.

### **Congregate Nutrition Program**

The Congregate Nutrition Program is a dining program designed to help meet the nutritional needs of older persons who are mobile and may not eat adequately at home. Each meal must supply one-third of the daily recommended dietary allowances. The program also offers nutrition education and socialization. Meals are served in a group setting at 10 locations around the County including Arlington, Darrington, Edmonds,

Everett, Granite Falls, Lynnwood, Monroe, Mountlake Terrace, Snohomish, and Tulalip. Seven ethnic meal sites serve Filipino, Korean, Chinese, Southeast Asian, Hispanic, Slavic and Tulalip Tribes. Any person 60 years of age and older and their spouse can eat at no charge. While donations are encouraged, no person is denied a meal because of inability or unwillingness to pay.

**Community First Choice Services** – See Medicaid Personal Care & Community First Choice Services.

### **Ethnic Meal Site Transportation Program**

The Ethnic Meal Site Transportation Program makes it possible for elders without transportation options to participate at the ethnic meal sites by providing door-to-door services. Services are targeted to those who are low-income, belong to an ethnic minority group, and have limited (or no) English-speaking skills. Currently, the populations being served are Chinese, Korean, Southeast Asian, Filipino, and Hispanic seniors. The Slavic meal site operates at a public housing complex with a high concentration of Slavic seniors. The Tulalip Tribes Seniors Program runs its own transportation service.

The meal sites provide nutritious, culturally appropriate meals. They offer older adults the opportunity for positive social interaction and an informal support system with those who speak their language of origin. At these sites, bi-lingual social workers connect participants with services, transportation, housing and financial counseling.

### **Family Caregiver Support Programs**

The Family Caregiver Support Program (FCSP) focuses on helping the unpaid caregiver/helper to effectively manage the stresses of the caregiver role. A caregiver/helper may be a spouse, adult child, other relative, friend or neighbor of the person needing assistance with their activities of daily living. The unpaid caregiver/helper may qualify to receive a variety of supports and services, including individual consultation, caregiver support groups, educational programs, home delivered meals and respite services.

The Family Caregiver Support Program utilizes Tailored Caregiver Assessment and Referral (TCARE©), a screening and assessment tool to identify the sources and level of a caregiver's/helper's stress. Using the screening and assessment results, the Specialist works with the caregiver/helper to develop goals and strategies to reduce stress and increase the uplifts of caregiving. Specialists may also assist with navigating local service systems and identify available resources that best meet the caregiver's/helper's unique needs. LTC&A contracts with three local organizations to ensure that Family Caregiver Support Program services are available to unpaid caregivers/helpers throughout Snohomish County.

### **The Respite Care Program** *(part of the benefit of Family Caregiver Support Program)*

The Snohomish County Respite Care Program provides a much needed break to unpaid caregivers who are providing continuous care to an adult family member or friend with a disability, 18 years or older, who resides in the County. Respite care is arranged through a case manager and may include supervision, companionship, personal care and medically-related tasks. Different types of Respite Care services are available depending on the needs of the caregiver and the individual with a disability. Services may be provided at home, out-of-home at Adult Day Health Programs, or overnight in a residential care facility. Workers are trained to provide companionship, supervision, and assistance with daily activities so the caregivers can rest, run errands, or go to medical appointments.

A caregiver's access to Respite Care is now directly linked to the TCARE© process described briefly in the Family Caregiver Support Programs section. Access to this service includes meeting Respite eligibility requirements.

### **Kinship Caregiver Support Program**

The Kinship Caregiver Program is designed to support Kinship Caregivers in their unexpected role raising relative children. Family members face unique barriers which are often difficult to navigate. Through access to information, resources and supports, the Kinship Caregiver Program equips caregivers with the necessary tools to stabilize, build confidence and create sustainability, leading to a thriving kin-household for all members.

Prioritizing relational interaction, and utilizing an internet-based client file management system, providers deliver relevant supports and services tailored to the family's needs. These include individualized consultation; navigating systems; advocacy and building self-advocacy skills; home visits; family meetings; peer to peer connections and basic needs assistance through the Kinship Caregiver Support Program (KCSP). KCSP is a state funded resource providing financial relief to kin-families by purchasing needed goods and services. The core value guiding the program is that healthy families are connected to the community. With this in mind, the program also provides community education, raising awareness and partnerships throughout Snohomish County.

### **Geriatric Depression Screening Program**

The Geriatric Depression Screening Program offers outreach, education, and assistance to older adults who may be at risk for depression. Services are free of charge for Snohomish County residents age 60 and older. A mental health specialist provides confidential in-home depression screening using the Geriatric Depression Scale. This service also assists older adults in resolving medication issues through advocacy with health care providers, an assessment for potential medication problems, and training to prevent incorrect medication use and adverse reactions. If an older



adult's score indicates moderate to severe depression, short-term mental health counseling is available.

### **Home-Delivered Meals Program**

The Home-Delivered Meals Program, also known as Meals on Wheels, provides nutritious meals and other nutrition services to older persons who are homebound by reason of illness, an incapacitating disability, or are otherwise isolated and unable to prepare a nutritious meal on their own. Participants choose weekly deliveries of frozen meals from a menu of 30 meals. Meals must provide one-third of the daily Dietary Reference Intakes. No fee is charged; donations are encouraged. No person is denied a meal because of inability or unwillingness to pay.

### **Legal Services**

This program assists older persons in advocating for their rights, benefits and entitlements by providing free legal counseling, advocacy and/or representation for limited types of legal problems. Priority is given to legal problems involving: financial assistance (such as Supplemental Security Income or food stamps); health care (including Medicare, Medicaid, nursing home and community-based long term care issues); housing (especially home foreclosures and evictions from subsidized housing); and protective services (especially services to stop or prevent ongoing abuse or exploitation).

### **Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)**

The Medicaid Transformation Project Demonstration (MTPD) promotes improved health through better and more affordable care for individuals age 55 and older. MTPD is designed to help individuals prevent or delay placement in a long-term care facility or utilization of more costly Long-Term Services and Supports (LTSS) benefits. MTPD is free to participate in without an estate recovery requirement or penalty. Two programs of MTPD are Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA). MAC provides supports for individuals with an unpaid caregiver who are eligible for Medicaid but not currently accessing Medicaid-funded LTSS benefits. TSOA established a new eligibility category and benefit package for individuals who do not currently meet Medicaid financial eligibility, with or without an unpaid caregiver, who are at risk of future Medicaid LTSS utilization. Services may include an in-home support worker, home delivered meals, personal emergency button, adaptive equipment and home safety modifications.

### **Medicaid Personal Care & Community First Choice (CFC) and CFC + COPES Services**

The Medicaid Personal Care (MPC) & Community First Choice Programs (CFC) provide assistance with everyday tasks such as bathing, eating, dressing, or managing your medication. CFC Service Options include: Personal Care, Nurse Delegation, Skills

Training, Relief Care, Personal Emergency Systems, Assistive Technology, Community Transition Services and Caregiver Management Training. In addition, clients could also receive COPES services in addition to the CFC services if deemed financially and functionally eligible. Those additional services include, Adult Day Care, Adult Day Health, Wellness Education monthly newsletter, Community Choice Guide, Community Supports: Goods and Services, Environmental Modifications, Home Delivered Meals, Skilled Nursing, Specialized Medical Equipment and Supplies, and Transportation. The initial assessment for financial and functional eligibility is conducted by the State Department of Social and Health Services (DSHS). After the initial eligibility determination by DSHS, on-going case management is provided by the Snohomish County Case Management Program. Some staff members are registered nurses who provide consultation and case management services for clients with more intense medical issues. Personal care services are provided by trained agency home care workers and individual providers.

### **Non-Core Case Management**

Providing Case Management assistance to functionally impaired adults to obtain and effectively use necessary support services. Case Management includes a comprehensive assessment of individual needs and development of a detailed plan of services and related activities. These services and activities are designed to achieve and maintain the maximum level of health and independence of which the older person is capable. The Case Manager (CM) maintains ongoing contact with the client to enable a prompt response to changes in his/her condition or circumstances. Case Management is provided only until the client's situation has stabilized or until there are no remaining issues the client wishes to address.

### **Retired Senior Volunteer Program**

The Retired and Senior Volunteer Program provides meaningful service opportunities for volunteers age 55 at over 70 public or private non-profit organizations.

### **Senior Drug Education Program**

The Senior Drug Education Program is provided to non-institutionalized, Snohomish County residents. The program informs and trains people 65 years of age and older in the safe and appropriate use of prescription and nonprescription medications. Classes are offered in a group setting and informational materials are given to participants.

### **Senior Farmers Market Nutrition Program**

The Senior Farmers Market Nutrition Program provides fresh, locally grown fruits and vegetables to low income seniors to improve nutritional status; support local farmers; and expand farmers markets, roadside stands, and community supported agriculture. A voucher for fresh produce is given to persons 60 years or older who live in Snohomish County and fall within 185% of the Federal Poverty Level. Vouchers may be used at approved Farmers Markets or roadside stands. Services are intended to maintain or improve the health status of people using the vouchers, support their independence, and prevent premature institutionalization.

### **Senior Peer Counseling Program**

The Senior Peer Counseling Program offers confidential, no-cost counseling services to seniors age 60 and older, who are experiencing problems that may be associated with aging. Trained volunteer peer counselors meet with individuals in their own homes on a regular basis to offer support for issues such as caregiver stress, loss of a loved one, coping with chronic pain or illness, managing depression, or other life changes or losses - all of which may jeopardize the person's ability to live independently.

People who want to receive peer counseling may live independently or reside in assisted living facilities or adult family homes. The Senior Peer Counseling Program trains and supervises volunteers over the age of 55 to provide this individual support to older adults. The program also conducts several support groups across the county.

### **Stabilized Housing for Vulnerable Seniors/Hope Options**

The Hope Options program works with Snohomish County seniors aged 60 and above with mental or behavioral health issues who are experiencing homelessness or housing instability. The ultimate goal of the program is housing stabilization by working towards present and future permanent, affordable housing. This is accomplished through addressing housing barriers, providing short-term case management, advocacy and referrals to relevant supportive services. The program assists clients with retaining current housing that might be in jeopardy, completing applications for senior low-income housing as well as transitional housing and room rental searches.

### **Volunteer Transportation Program**

The Volunteer Transportation program provides volunteer drivers who transport older persons to medical and health care services, shopping, recreational and other activities within and outside Snohomish County. Services are available to older persons who have no other means of transportation. Volunteer drivers use their own vehicles and can receive mileage reimbursement.

To learn more about the services described in this section, please contact:

Homage of Snohomish County  
Aging and Disability Network  
(425) 513-1900 or (800) 422-2024  
5026 196<sup>th</sup> St SW  
Lynnwood, WA 98036  
[www.homage.org](http://www.homage.org)

## **PARTNERSHIPS**

This section describes services, supports and/or advocacy provided in the Snohomish County area from providers or partners other than the Snohomish County LTCA or its contractors. Some of the programs and partnerships are provided by for-profit and/or non-governmental agencies while others provide access to resources and/or advisement. When viewed in conjunction with AAA services provided through the LTCA, the services identified here illustrate the range of long-term care services and supports available to the elderly and adults with disabilities throughout the aging network in Snohomish County. This section will provide some narrative and a categorized table of these community partnerships making up the aging network.

## **HOUSING SERVICES**

Snohomish County has two housing authorities that serve the general public – Everett Housing Authority (EHA) and the Housing Authority of Snohomish County (HASCO). EHA assists approximately 2,539 very low-income and extremely low-income households annually with its Section 8 vouchers. Some of the Section 8 vouchers are set aside for older households.

HASCO provides rental assistance to approximately 3,300 households annually through its Section 8 vouchers. It also designates some of these vouchers for older adults and other special needs populations. HASCO operates 210 public housing units.

In addition to the programs available through the public housing authorities, the Snohomish County Human Services Department administers the County Affordable Housing Trust Fund and HUD funding that the County receives on a formula basis. These funds help pay for acquisition, rehabilitation, and new construction of affordable housing units and supportive services for residents.

## ***MAINTENANCE OF HOUSING***

Under maintenance of housing are some of the programs that make current housing more affordable and suitable are summarized below.

Minor Home Repair, a program of Homage Senior Services, provides health and safety repairs for Snohomish County seniors age 62 or older and disabled persons who are low-income homeowners. Repairs often include plumbing, carpentry, minor electrical, roofing and accessibility modifications such as grab bars, wheelchair ramps and handrails. Work is performed at no charge or for the cost of materials for those who meet income eligibility guidelines. The purpose of the program is to enable people to remain in their homes as long as possible.

Major Home Rehabilitation is possible through the Community Housing Improvement Program (CHIP) in the city of Everett and Everett's Urban Growth Area. The program offers reduced interest and deferred home improvement loans to low-income households.

Property-Tax Relief is available to individuals age 61 or older, or who are retired due to a physical disability, reside in their own home or mobile home and are low-income. The amount of the exemption depends on the household's income.

A full tax deferral program (separate from the exemption program) is also available for qualifying senior citizens and people with disabilities. This program creates a lien against the person's property as they are deferring to the State of Washington to pay their property taxes. The amount the State pays must be repaid upon the transfer of ownership of the property.

The County's Energy Assistance Program offers heating assistance to low-income individuals. The County's Weatherization Program installs energy-saving materials, e.g. insulation and storm doors, to make a home more energy efficient. The Public Utility District offers a senior discount on electric bills for low-income individuals.

## **LONG TERM CARE OMBUDSMAN PROGRAM**

The Long Term Care Ombudsman Program's mission is to improve the quality of life for people living in nursing homes, boarding homes (assisted living facilities), and adult family homes. Staff and certified volunteer ombudsmen work with long-term care residents as advocates to obtain answers to their questions, responses to their concerns, and to inform them of their rights. The intake line for the Ombudsman Program in Snohomish County is 360-862-1100, the State hot line number is 800-562-6028.

## **MENTAL HEALTH SERVICES**

The Snohomish County Human Services Department is responsible for making sure that eligible individuals receive services and the services people receive are appropriate. County staff members deliver Jail Transition Services, coordinate children's mental health services, and provide county oversight of crisis response services as well as staffing Designated Mental Health Professionals to assess individuals for involuntary

treatment in accordance with RCW 21.05. They are also in a leadership role to insure gaps in services are addressed through community planning. County staff members are strong advocates in addressing issues occurring for individuals who are involved in multiple service delivery systems.

It can be difficult to find mental health providers willing to bill Medicare. Paying out-of-pocket for mental health treatment may not be possible for low-income seniors. Services funded by the 1/10<sup>th</sup> of one percent sales tax increase passed in 2008 are beginning to narrow the gap in mental health services for older adults. The Aging and Disability Network (ADRN) received funding for Older Adult Mental Health Outreach in 2010. The ADRN has providers in the consumer website, [www.waclc.org](http://www.waclc.org) , mostly private, licensed mental health providers who operate on a fee-for-service basis and offer sliding fee scales for older adults.

## **SENIOR CENTERS**

The National Institute of Senior Centers defines a senior center as a place where “older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the Center and the community.”

Not only do Senior Centers offer helpful resources to older adults, they serve the entire community with information on aging, support for unpaid caregivers, training for professional/lay leaders and students, and development of innovative approaches to addressing aging issues. While senior centers typically provide nutrition, recreation, social/educational services, and comprehensive information and referral, many centers have programs such as fitness activities and Internet training to meet the needs and interests of the new generation of seniors.

Snohomish County has senior centers located throughout the county--in Monroe, Stanwood, Arlington, Edmonds, Darrington, Snohomish, Everett, Mukilteo, Lake Stevens, Marysville, Mountlake Terrace. There is a senior center located over the southern county line in Bothell (Northshore Senior Center) serving a large population of Snohomish County residents. In addition, a Multicultural Senior Center operates in Lynnwood serving the Korean, Southeast Asian, Chinese, Filipino, and Hispanic elderly. Other Centers are located in Marysville, Everett, Darrington, Granite Falls, Mill Creek, Lynnwood, Mountlake Terrace, and Lake Stevens. A senior center located on the Tulalip Reservation serves Native American seniors.

## **SERVICES TO PERSONS WITH ALZHEIMER’S DISEASE OR OTHER DEMENTIA, OR THEIR CAREGIVERS**

Washington State developed an Alzheimer’s State Plan in 2016 describing the impact of dementia and outlining a strategy for local communities to address this health care

crisis. The Alzheimer's State Plan describes Alzheimer's disease as the 3<sup>rd</sup> leading cause of death in Washington State. Dementia, including Alzheimer's disease is a costly chronic condition similar to that of heart disease and cancer and this financial burden has an impact on Snohomish County residents. Snohomish County LTCA partners with the Dementia Action Council (DAC) and the Alzheimer's Association to implement the Alzheimer's state plan and provide support to Snohomish County on how to create a dementia friendly community and best care for individuals impacted with dementia and their caregivers.

## **SNOHOMISH COUNTY COUNCIL ON AGING**

LTCA works in partnership with its advisory board, the Council on Aging (COA). The Council on Aging (COA) is an up to a 30-member citizen's advisory board which reviews, recommends, evaluates and submits advisement to the County's Office/Division of Long Term Care and Aging, Human Services Department and County Executive on issues facing older persons and persons with disabilities in Snohomish County.

Standing Committees are developed to address specific topics identified as areas of concern in the 2020-2023 Area Plan on Aging. Standing Committees consist of COA members and invited service providers and other community representatives. Meetings are held at the discretion of each committee chair and staff support is provided by the Long Term Care & Aging Unit. The six standing committees are Executive, Senior Centers, Advocacy & Diversity, Healthy Aging, Communications and Outreach, and Probation. Ad hoc committees shall be appointed by the Chair when deemed necessary.

The Executive Committee includes the officers of the COA and chairpersons of the Standing Committees. The Executive Committee shall be empowered to transact routine business and act in emergencies between regular meetings of the COA.

The Senior Center Committee seeks to help identify strategies to support the thirteen (13) area senior centers and their outreach to populations of older adults.

The Advocacy and Diversity Committee seeks to effect positive changes to quality of life issues for the diverse population of older adults and adults with disabilities. The committee advocates and educates for the needs of the diverse and underserved populations. The committee proposes the annual legislative priorities and advocacy agenda.

The Healthy Aging Committee is charged with increasing the awareness of health issues affecting older adults and adults with disabilities. The committee works to provide healthy aging resources and expand community knowledge.

The Communications and Outreach Committee is charged with promoting the efforts of the COA and the visibility of the Area Agency on Aging via education, research, and facilitating the understanding of programs, agencies, and organizations that affect older adults and adults with disabilities.

The Probation Committee is charged with evaluating viability of any new standing committee.

The COA encourages its members to join other boards and organizations in order to advocate for the needs of older adults. COA members serve on the North Sound Mental Health Advisory Board, and the Chemical Dependency/Mental Health Tax Advisory Board.

## **SNOTRAC**

The Snohomish County Transportation Coalition (SNOTRAC) is a broad-based group of public, private and community organizations working to develop a coordinated transportation system in Snohomish County for persons with special transportation needs. Persons with special transportation needs are people who because of physical or mental disability, income status, or age are unable to transport themselves or purchase transportation. LTCA along with three other programs within the Snohomish County Human Services Department provides funding used as local matching funds so SNOTRAC can apply for regional and state grants in order to serve groups with special transportation needs.

## **TRANSPORTATION SERVICES**

Snohomish County's transportation system is a network of public and private transportation service providers working in concert to meet the transportation needs of Snohomish County's increasingly aging, diverse, and growing population. This presents a challenges of our County, given the enormous realized and projected increase in elderly adults who will need this service.

The fundamental challenge common to all transportation service providers is providing quality transportation services that meet the needs of the population served. In an attempt to make this overwhelming challenge more manageable, transportation providers often limit either the target population served or the geographic area covered. This approach benefits consumers by increasing the availability and diversity of transportation services, but at the same time, creates a fragmented service system that fails to meet everyone's needs.



Categorized Table of Aging Network Partners

<b>Services</b>
Case Management (Private)
Social Security Administration
Community Action Agency
<b>Department of Social and Health Services</b>
Adult Protective Services (APS)
Home and Community Services (HCS)
Community Services Offices (CSO)
Developmental Disabilities Administration (DDA)
<b>Employment</b>
Worksource Everett
<b>Health Care</b>
Worksource Everett
Snohomish Health District
Home Health Agencies
Home Care Agencies
Hospice Services
Hospitals
Community Health Clinics
<b>Housing</b>
Housing Authority of Snohomish County
Everett Housing Authority
Housing Hope
Boarding Homes/Assisted Living Facilities
Adult Family Homes
Nursing Homes
Housing for Homeless Services
Minor Home Repair
Energy Assistance
Weatherization Services
<b>Legal Services</b>
Northwest Justice Project
CLEAR Phone Line—legal services for older adults
<b>Mental Health Services</b>
Community Mental Health
Snohomish County Crisis Services
Volunteers of America 24 hour crisis intervention
Mental Health Services—Homage Senior Services
<b>Native American and other Minority Services</b>
Bureau of Indian Affairs – Puget Sound Agency
Tulalip Tribal Senior Center*
Tulalip Tribes Health Clinic

<b>Stillaguamish Tribe Elders Program**</b>
<b>Stillaguamish Tribal Health Clinic</b>
<b>Refugee and Immigrant Services Northwest</b>
<b>Korean Women's Association</b>
<b>SeaMar Community Health Centers</b>
<b>Community Health Centers of Snohomish County</b>
<b>Nutrition</b>
<b>Food Banks</b>
<b>Transportation</b>
<b>Scheduled-Route Transit Services</b>
<b>Dial A Ride Transit Services</b>
<b>Hopelink Medicaid Transportation</b>
<b>Scheduled Marine Ferry Services</b>
<b>Passenger Rail Service (AMTRAK)</b>
<b>Veterans Services</b>
<b>Veterans Assistance Program</b>
<b>American Legion</b>
<b>Veteran Transportation Service</b>

## Section B – 3: Focal Point Template

### AREA AGENCY ON AGING DESIGNATED FOCAL POINT

#### AAA: Snohomish County Long Term Care and Aging

County	Organization or Site Name	Focal Point Address	Public Phone Number (required) & E-Mail Address (if applicable)	Services Coordinated at this Site (Optional)
Snohomish	Homage Senior Service	5026 196 <sup>th</sup> Street SW Lynnwood, WA 98036	(425)423-8517	<a href="#">Aging and Disability Network</a> <a href="#">Home Delivered Meals</a> <a href="#">Ethnic Meal Site</a> <a href="#">Congregate Meals</a> <a href="#">Transportation Assistance</a> <a href="#">Minor Home Repair</a> <a href="#">Mental Health Services</a>

## ISSUE AREA THEMES

### HEALTHY AGING

#### **Alzheimer's Disease**

Almost six million Americans are living with Alzheimer's and nearly 14 million will have the disease by 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total \$290 billion in 2019, and expected to increase to \$1.1 trillion (in today's dollars) by 2050.

More than 16 million Americans supply an estimated 18.5 billion hours of unpaid care for individuals with Alzheimer's or other dementias. These caregiver services are valued at nearly \$234 billion. Research has shown that caregivers caring for a loved-one with Alzheimer's or other dementias provide more hours of care per month, experience more intensive stresses, and suffer higher rates of depression and anxiety. These factors increase caregiver health risks and result in higher total health costs of \$237 million for Alzheimer's caregivers.

In Washington State, 110,000 people over the age of 65 have Alzheimer's, increasing to 120,000 individuals in 2020 and 140,000 people by 2025. From 2018-2025, the percentage of people age 65+ with Alzheimer's is estimated to increase by 27.3%.

Washington State has taken a number of steps to respond to these growing needs. In 2016, the legislatively driven Alzheimer's Disease Working Group (ADWG) published the first Washington State Plan to Address Alzheimer's Disease and Other Dementias. Its implementation depends upon the participation and contributions of a broad group of committed public and private partners known as the Dementia Action Collaborative (DAC). The DAC includes a range of appointed members – people with dementia, family caregivers, representatives of advocacy groups, the aging network, Alzheimer's organizations, long-term care providers, health care professionals, legislators and governmental agencies.

The DAC has the following overarching goals to prepare Washingtonians for an growing population experiencing memory loss: 1) Increase public awareness, engagement, and education; 2) Prepare communities for significant growth in the dementia population; 3) ensure well-being and safety of people living with dementia and their family caregivers; 4) Ensure access to comprehensive support for family caregivers; 5) Identify dementia early and provide dementia-capable evidence based health care; 6) Ensure dementia capable long term services and supports are available in the setting of choice; and 6) Promote innovation and research related to causes of and effective interventions for dementia.

Snohomish County Long Term Care and Aging (LTCA) serves on the DAC and has been working with local partners to enhance the dementia-capability of the aging network. Key partners continue to be the Alzheimer’s Association (Washington Chapter), Homage Senior Services, and the Stillaguamish Senior Center—all of whom are contractors in the Snohomish County Family Caregiver Support Network. LTCA continues to subsidize the salary of an Alzheimer’s Association outreach worker so outreach to individuals with Alzheimer’s, their family caregivers, and the broader community is always happening within the county.

## **Selected Focus and Goals**

### **Focus Area #1**

**Profile of the Issue:** Expand services and the skill sets of providers as populations experiencing memory loss and accessing services increase for both care receivers and caregivers.

**Focus and Goal:** Maintain and expand the impact of our service providers.

**Objective A:** Continue our overall Family Caregiver Support Program contracting strategy to include the Alzheimer’s Association (Washington Chapter), Homage Senior Services, and the Stillaguamish Senior Center. Each member of our Caregiver Support Network will provide its own unique contribution to our Alzheimer’s State Plan. Examples include:

- Homage Senior Services: The Aging and Disability Resource Network (ADRN) updates local community resources in the Resource Directory available at [www.wacomunitylivingconnections](http://www.wacomunitylivingconnections). Frontline ADRN staff also answer the Information & Assistance Line and are often the first ones to learn or suspect that memory issues are a problem. They frequently refer potential clients to the Family Caregiver Support Program. Homage’s Family Caregiver Support Program serves a caseload of caregivers and care receivers in the south and east part of the county and leads SnoMentia, a Snohomish County grassroots movement empowering people with memory loss and their loved ones to remain connected and active in the community. Homage also hosts an Alzheimer’s Café in Edmonds.
- The Stillaguamish Senior Center supports a caseload of caregivers and care receivers in the northern part of the county. Staff conduct numerous support groups for caregivers and care receivers across the entire county and organize SnoMentia North, Super Bowl Party for individuals and their caregiver with memory loss, Ice Cream and Coloring Social for individuals with memory loss and their caregivers, Zoo walks for individuals with memory loss and their

caregivers, Powerful Tools for Caregivers, support groups; and an Alzheimer's Café featuring a music therapist.

- The Alzheimer's Association staff provide the following services: Connections Caregiver Consultation services, the Association's evidenced-based assessment (in addition to T-CARE) and participation with the SnoMentia movement, Early Stage Memory Loss workshops, Caregiver Conferences, Conference for Medical Providers to encourage memory loss diagnosis, and Alzheimer's Café and support groups.

**Objective B:** Provide enhanced training about memory loss and effective interventions to core contractors of the Family Caregiver Support Program (FCSP), LTCA staff, and the broader aging network on topics such as:

- Recognizing possible dementia and making appropriate referrals;
- Identifying and enrolling people with dementia in state information systems;
- Supporting people with early memory loss;
- Improving safety for people with dementia; and
- Promoting dementia-friendly communities

**Objective C:** Utilize the services and supports of the Medicaid Transformation Project Demonstration (MTPD) to strategically meet the needs of caregivers. For instance, music therapy contractors are coming on board for MTPD, the Family Caregiver Support Program (FCSP), and Medicaid. This new service needs to be marketed to caregivers and care receivers across these programs and across the county geographically.

## **Focus Area #2**

**Profile of Issue:** The number of people with Alzheimer's and other dementias is increasing in Snohomish County, affecting a broadening pool of individuals, families, and community members. Because Alzheimer's disease can have a lengthy disease process, individuals with dementia are wondering what they can do to remain healthy and connected to their communities. Family caregivers want to know where they can find support for their loved ones and for themselves. Friends, neighbors, and religious communities may want to help but not know how.

**Focus and Goals:** Conduct outreach activities and events in collaboration with community stakeholders and providers to help people with dementia and their family members access services and support. Promote the idea that people with early stage memory loss are still part of the community; show how more dementia-friendly environments can be created for them and their caregivers such as Alzheimer's Cafes; and support the creation of these environments if funding is available. Offer training to religious communities and other groups that want to assist people with dementia and their caregivers.

**Objectives:** At least two conferences and twenty four (24) presentations will be given collaboratively with LTCA staff and service providers to provide dementia education to caregivers and care receivers. Measureable outcome will be a greater number of referrals, contacts and access to services will be achieved following the outreach events.

### **Focus Area #3**

**Profile of Issue Area:** When a doctor can help identify an individual's dementia early, the individual and their family receives the gift of time to seek out resources and services, make decisions and plans, and complete important goals. The DAC has identified several validated and brief cognitive screening tools for use in primary care practices. In addition, the group has worked on making information and the appropriate forms for legal planning such as Durable Power of Attorney for Health Care more broadly available.

**Focus and Goals:** Encourage primary care physicians to identify dementia early and provide dementia-capable, evidence-based health care.

**Objectives:** Work with the Alzheimer's Association to refocus their twice-yearly physician education events in Snohomish County.

### **Older Americans Act Title IIID Disease Prevention and Health Promotion**

For over twenty years, Snohomish County LTCA expended its Older Americans Act (OAA) Title IIID Disease Prevention and Health Promotion funding for a Geriatric Depression Screening Program. Beginning October 1, 2016, the Administration on Aging (AoA) decided that Title IIID funding could only be used for programs that met a strict definition of "evidence-based." "Evidence-based" indicates that the program would need to be tested and proven to be effective with older adult populations. The program will also be fully translated in one or more community site(s); and materials will be disseminated in outreach events. LTCA staff consulted with the program contractor, Homage Senior Services, and decided that it was not feasible to pursue having the current Geriatric Depression Screening Program be utilized as an evidence-based practice at that time.

Instead, LTCA allocated its Title IIID funding to Chronic Disease Self-Management Education (CDSME) starting in 2016. Most importantly, CDSME met the AoA's definition as an evidence-based program. CDSME taught adults with chronic diseases the skills and techniques necessary to manage their health conditions through a free six-week course. The Stanford University Patient Education Resource Center originally developed, evaluated, and continually updated the program and similar versions focusing on diabetes and chronic pain. The Self-Management Education Resource Center (SMERC) has since become an independent non-profit organization and oversees all aspects of CDSME development, licensing, and training.

Another compelling reason for using the approximately \$30,000 in Title IIID funding to support CDSME in 2016 was that Homage Senior Services had previously received a grant on their own initiative to train several staff as CDSME Master Trainers. Although the organization held several CDSME workshops, it found CDSME difficult to implement fully without at least a half-time coordinator to train volunteer lay leaders and to publicize workshops. When Washington State received a federal grant from the Prevention and Public Health Fund to create a statewide network of CDSME classes available to older adults and people with disabilities and provided funding to the Area Agencies on Aging, Snohomish County LTCA contracted its portion of the grant funding to Homage Senior Services. Homage already had Master Trainers on staff who could conduct the CDSME workshops and train volunteers as lay leaders in order to meet the tight grant timeframe.

By 2016, when LTCA needed to comply with AoA's directive to use Title IIID funding only for evidence-based practices, Homage Senior Services had been a subcontractor on one and was participating on two other state CDSME-related grants. Funding from these sources was limited—less than \$30,000 annually. By combining the AAA's Title IIID funding with the state grant funds, LTCA hoped to expand and strengthen CDSME throughout the county. Homage conducted general Chronic Disease, Chronic Pain and Diabetes Self-Management workshops. Homage held CDSME workshops in Korean, Mandarin, and Cantonese. In 2018, the program held nine workshops around Snohomish County, had twenty-seven trained leaders, registered 78 participants, and had 59 individuals who completed the program for an overall completion rate of almost 76%. Homage has also developed significant partnerships with Virginia Mason and the Everett Housing Authority to train their staff and to offer the self-management workshops at their facilities.

After years of only minor funding increases, LTCA saw its Title IIID funding increase to approximately \$45,000 in 2018. At the same time, state grant funding for CDSME ended in 2018.

## **Selected Focus and Goals**

### **Focus Area #1**

**Profile of Issue:** Continue funding CDSME as an evidence-based program in compliance with the Older Americans Act (OAA) Title IIID Requirements

**Focus and Goal:** Work with Homage to strengthen CDSME within Snohomish County.

**Objective:** Expand partnerships to support all three types of self-management workshops. Focus on outreach to African American, Korean and Slavic communities. Explore conducting a workshop in Russian or Ukrainian. Have Program Coordinator attend Master Training. Conduct a worksite pilot at a local employer. Identify other funding



sources to help program become self-sustaining. Meet with other organizations in Snohomish County offering evidence-based health promotion and disease prevention programs for older adults and examine how these programs are funded.

## **NUTRITION**

Nutrition programs have been a key part of the Older Americans Act since its creation in 1965. The Congregate Nutrition Program is intended to reduce hunger and food insecurity, promote socialization, and delay the onset of adverse health conditions. The congregate meals served must meet the current Dietary Guidelines for Americans and provide a minimum of one-third of the Dietary Reference Intakes.

Snohomish County LTCA works with its contractor, Homage Senior Services, to provide congregate meals, or healthy meals in group settings, at eleven sites around the county. The Congregate Nutrition Program primarily targets older adults age 60 and older but exceptions are made for spouses and volunteers younger than 60 years old, adult children with a disability living with their parents, and people with disabilities younger than age 60 who live in public housing where a congregate meal site operates.

Most of the congregate meal sites are located at senior centers. One site, the Multicultural Senior Center located at Homage Senior Services in Lynnwood, serves four different ethnic groups, the Korean, Chinese, Southeast Asian, and Filipinos. The Hispanic Meal Site meets at the Carl Gipson Senior Center while the Slavic Meal Site meets weekly at the Baker View Apartments operated by the Everett Housing Authority. The Tulalip Senior Center serves Tulalip Tribal members who meet the tribe-determined definition of a senior or elder. In 2018, the Congregate Nutrition Program served approximately 72,000 congregate meals.

Nationally, 45% of congregate participants have six or more medical conditions and 44% take over five medications daily. For 58% of diners, eating one congregate meal will provide one-half or more of their total food for the day. Older adults believe that they eat healthier (77%) and their health has improved (76%) as a result of the congregate meals program.

In Snohomish County, 58% of the congregate participants are older than 75. In the 2018 Senior Dining Program Annual Survey, 44% of respondents state that the congregate meal serves as their main meal of the day. Sixty-six percent of survey participants reply “yes, definitely” or “yes, I think so” when asked if they eat a more healthful diet due to the program. Approximately 48% believe that their health has improved and 37% have made fewer visits to the doctor since eating the meals. For 66% of participants, their level of independence has either stayed the same or increased and 81% report having more friends.

## **Selected Focus and Goals**

### **Focus Area #1**

**Profile of Issue:** Based on the data, the Snohomish County Congregate Meals Program is doing an excellent job of targeting the oldest county residents and making a positive impact on their physical and mental health. However, as the older population continues to grow and diversify, the program is facing new challenges. The number of ethnic seniors is increasing. The six existing ethnic meal sites respond to some but not all of these needs. Older adults are requesting vegetarian options, gluten-free items, and other special meals based on health needs, religious beliefs, or individual preferences. Although the Older Adult Act (OAA) funded nutrition programs have seen some recent growth in funding, these increases come after years of flat funding and rising prices.

The Congregate Meals staff wants to offer more menu options to diners in terms of more variety in recipes and testing a second meal option. Sometimes the secondary option will be vegetarian if the main meal is non-vegetarian but it will always provide a distinct alternative. Any changes need to be appealing to older adults, meet federal nutrition requirements, and be doable within the existing budget.

**Focus and Goal:** Increase menu options within the Congregate Meals Program while adhering to federal nutrition requirements and staying within the budget.

**Objective:** Offer samples of possible new menu items at congregate meal sites. Gather feedback from diners. Use Carl Gipson Senior Center in Everett as a test site for introducing limited quantities of a second entree available on a first come, first served basis. Evaluate these changes from the perspective of the senior diners, the cooks, the nutritional value, and the fiscal impact.

## **TRAUMA-INFORMED CARE**

The Adverse Childhood Experience Study or ACEs has dramatically influenced the medical and social services field. Drs. Anda and Felitti noticed that individuals exposed to certain types of stressors in childhood showed higher rates of disease, disability, social problems and early death. These stressors or adverse childhood experiences include being physically, emotionally, or sexually abused; living in a household where the mother experiences violence; or being neglected. Growing up with a mentally ill person in the home, a drug addicted or alcoholic family member, an incarcerated family member or losing a parent is also accompanied by greater negative outcomes.

An individual can review their childhood and add up how many of these experiences they had, resulting in their ACEs score. The higher the ACEs score, the greater the risk for health problems, chronic disease, mental illness, and violence. ACEs scores have a

strong correlation to adult health status fifty years later. However, the relationship between ACEs and the risk for health problems is correlational, not causal.

The Washington State Behavioral Risk Factor Surveillance System (BRFSS) survey is administered annually by the Centers for Disease Control and Prevention through state health departments. From 2009-2011, the survey included eight of the ACEs questions. In Snohomish County, 65 percent of the survey participants had an ACEs score of one (23%), two (16%), or three or more (29%).

The ACEs Study has dramatically shown the importance of improving children's lives and eliminating or reducing these stressors from their childhood. In addition, the ACEs findings have generated additional discussion and research about how to better serve adults who have had these traumatic experiences and are now the clients of Area Agencies on Aging and their contractors. Trauma-informed care is a movement that asks providers to be aware of their clients' past traumas and to evaluate how an agency's practices and procedures can be supportive of clients. The Snohomish County Human Services Department/Behavioral Health Division and the Children's Wellness Coalition have created a Trauma-Informed Agency Certification. Agencies can earn this certification if their staff complete training on ACEs and trauma, evaluate how they interact with clients, and agree to a list of trauma-informed principles.

## **Selected Focus and Goals**

### **Focus Area #1**

**Profile of Issue:** The health and behaviors of current clients have undoubtedly been influenced by the number and types of Adverse Childhood Experiences (ACEs) they have survived. Trauma-informed care is an approach that can help staff better understand the needs of individual clients as well as their own needs for self-care. Trauma-informed care can also promote an agency-wide commitment to helping clients overcome trauma and encourage resiliency. Homage Senior Services has made the commitment to be a trauma-informed organization across all its services and lines of business.

**Focus and Goal:** Support Homage Senior Services as it implements trauma-informed care. Provide a forum where Homage can explain to other contractors why it adopted this philosophy, what has changed, and what are the benefits. Follow up with the county's Division of Behavioral Health to see what training might be available to LTCA staff and other contractors.

## **ISSUE AREA THEMES**

### **EXPANDING AND STRENGTHENING SERVICES AND SUPPORTS THAT PREVENT OR DELAY ENTRY INTO MEDICAID FUNDED LONG-TERM SERVICES AND SUPPORTS (LTSS)**

Snohomish County has non-Medicaid services and supports available in the aging network that are tailored to promoting an interdependence of natural supports available to the individual with a disability and/or chronic illness and paid services and supports. Long Term Care and Aging is working on expanding these non-Medicaid services and supports that prevent or delay the entry of individuals onto Medicaid funded programs.

#### **Aging and Disability Resource Centers**

Traditionally, Homage Senior Services provided Information & Assistance (I&A) programs—providing local services, programs, and benefits to enable older adults or their representatives to understand their options and make informed decisions about their needs or problems. Starting in the 2000s, the U.S. Administration on Aging, now part of the Administration on Community Living (ACL), has focused on broadening information and assistance programs for older adults to include younger people with disabilities. Nationally, these centers have been known as Aging and Disability Resource Centers (ADRCs), and in Washington State, as Community Living Connections (CLCs). In Snohomish County, Homage Senior Services identifies this function as their Aging and Disability Network.

The Snohomish County Aging and Disability Network provides:

- Information, referral and awareness;
- Options counseling;
- Streamlined eligibility screening or determination for public programs;
- Person-centered transition support;
- Consumer populations, partnerships and stakeholder involvement; and
- Quality assurance and continuous improvement.

In Snohomish County, Homage Senior Services has a contractual agreement with LTCA to provide Aging and Disability Network Services. The local Aging and Disability Network has begun serving people of all ages needing information about long term care services and offering many of the services found at what is nationally referred to as an ADRC.

Staff have been trained in Options Counseling and are developing guidelines for selecting clients who would benefit from this approach. To expand its knowledge of disability issues and resources, Homage Senior Services has partnered with the Center for Independence North (CFI), a center for independent living for individuals with disabilities, for the last three years and provided office space for the organization's Snohomish County coordinator. Homage Senior Services and CFI have referred clients to each other, provided cross-training for their staff, shared knowledge of resources, and worked on joint education and outreach events.

The Aging and Disability Resource Network has been expanding its database of over 1,100 detailed service descriptions to include more programs for younger people with disabilities. At the same time, the ADRN has been working to enter and include its resources on the state's new online Community Living Connections—WA Get Care, statewide resource directory.

Homage Senior Services has also formed an advisory board of community organizations serving older adults and younger people with disabilities as it develops its Aging and Disability Resource Network. Instead of creating an ADRC, the advisory board has decided that an Aging and Disability Resource Network (ADRN) will serve Snohomish County better. To the board, an ADRN suggests a group of organizations working collaboratively to help individuals find the right services at the right time. Members of a network each have their unique purpose and services but know each other well enough to make accurate referrals, identify service gaps, and work toward a common purpose. An ADRC, to the advisory board, sounds like a physical location that represents one dominant organization.

The Aging and Long Term Support Administration's (AL TSA) aspirational goal is to implement fully functioning Aging and Disability Resource Centers statewide. At the local level, Snohomish County LTCA intends to build upon initial efforts to establish an Aging and Disability Resource Network. The extent and scope of these activities will depend, in part, on whether ongoing funding and additional program guidance is provided.

## **Selected Focus and Goals**

### **Focus Area #1**

**Profile of the Issue:** With an increasing population of older adult and individuals with chronic illness or disabilities in Snohomish County, there is an increased need for qualified and trained staff in the Aging and Disability Resources Network.

**Focus and Goal:** Expand training and development opportunities for Aging and Disability Resources Network program staff.

**Objective:** Provide at least three training opportunities annually that directly address disability issues and services, person-centered techniques, evidence based screening for unpaid caregivers, and dementia capable practices. Homage Senior Services has a quality assurance plan to measure overall access provided to constituency and individual staff production. Supervisors for the Aging and Disability Resources Network program will monitor that staff participate in trainings annually. All staff who have been working in Aging and Disability Resources Network for more than one year will strive to take and pass the exam for Certification for Information and Referral Specialists-Aging/Disabilities (CIRS-A/D).

## **Focus Area #2**

**Profile of Issue:** Community organizational partnerships strengthen the Aging and Disability Network.

**Focus and Goal:** Continue to build partnerships as part of the Aging and Disability Resource Network (ADRN) by cross training to create referral protocols and sign Memorandums of Understanding (MOU) with hospitals, veterans services and the 211 information line as able.

**Objective:** Expand organizational partnerships and strengthen the Aging and Disability Network. This could be accomplished by completing MOUs with Snohomish County hospitals, Veteran Administration and 211. Complete cross training and referral protocols with local organizations to fluidly inform staff of availability of services and supports, thus enabling warm hand off referrals for constituents to be realized.

## **Focus Area #3**

**Profile of Issue:** Provide outreach throughout Snohomish County about services and supports available in the aging network to individuals impacted by chronic illness or disabilities. This outreach will be delivered with intentionality and sensitivity to provide access to this program to limited English-speaking, ethnic adults and other marginalized populations in urban and rural areas.

**Focus and Goal:** Provide outreach to geographically and emotionally isolated adults impacted by chronic illness and/or disabilities.

**Objective:** Aging and Disability Resource Network, in partnership with LTCA, will strive to promote information and access to services and supports in Snohomish County to adults impacted by chronic illness and/or disabilities in both rural and urban areas.

## Family Caregiver Support Program

The Snohomish County Family Caregiver Support Program offers information, support and services to unpaid caregivers caring for an adult 18 years or older with functional disabilities. Services may include: referrals, consultation, education, training, support groups, counseling, respite care, housework, and massage. The goal of the program is to assist unpaid caregivers to exercise self-care and promote wellness as unpaid caregivers gain insight about their journey in providing care for an individual with a disability or chronic illness.

### Focus Area #1:

**Profile of Issue:** Provide services and supports under the Family Caregiver Support program to divert high cost community services such as Medicaid, frequent use of first responders, hospitalizations, Adult Protective Service usage.

**Focus and Goal:** Continue to implement services and supports under the programs and provide person centered approaches to assist individuals to remain as independent as possible in the living environment of their choice. Provide ongoing Family Caregiver Support Program person centered case management in an effort to maintain the program recipient's independence and continue to offer choice of long term services and supports.

**Objective:** LTCA and contracted Family Caregiver Support Program case management will maintain eligibility and collect data in adherence with requirements of the program to ascertain data on diversion and show return on investment on the program.

### Focus Area #2:

**Profile of Issue:** Provide outreach throughout Snohomish County about long term services and support available to individuals and unpaid caregivers impacted by chronic illness or disabilities with intentionality and sensitivity to provide access to limited English-speaking, ethnic adults and other marginalized populations in urban and rural areas.

**Focus and Goal:** Provide outreach to geographically and emotionally isolated adults impacted by chronic illness and/or disabilities.

**Objective:** Aging and Disability Resource Network, LTCA, HCS, in partnership with organizations in the aging network, will strive to promote information and access the Family Caregiver Support Program in Snohomish County in both urban and rural areas.

### **Focus Area #3:**

**Profile of Issue:** Network adequacy is essential to the success of the Family Caregiver Support Program. Network adequacy is gained by reaching out to service providers and assisting those interested in navigating the Medicaid contracting process. Gaining qualified providers to serve recipients of the program in their homes is pinnacle to program success and to have optimal choice for program recipients. Network adequacy for these programs includes services with a focus on wellness such as massage, acupuncture, music therapy, etc.)

**Focus Areas and Goals:** Increase network of providers available for program benefit with an emphasis on wellness providers.

**Objective:** To ensure network adequacy and increase scope of network to include wellness services, LTCA staff will reach out to community wellness providers and others as needed and assist with Medicaid contracting qualification process.

### **Focus Area #4:**

**Profile of Issue:** Complete contracts for program providers and monitor contracts to ensure compliance with program funder rules.

**Focus Areas and Goals:** Timely completion of contracts and program monitoring with service providers. LTCA will provide technical assistance to contractors while holding contractors accountable to program funder rules.

**Objective:** To ensure that service provision is available to program recipients and contractors are held accountable to program funder requirements.

### **Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)**

The Medicaid Transformation Project Demonstration (MTPD) promotes improved health through better and more affordable care for individuals age 55 and older. MTPD is designed to help individuals prevent or delay placement in a long-term care facility or utilization of more costly Long-Term Services and Supports (LTSS) benefits. MTPD is free to participate in without an estate recovery requirement or penalty. Two programs of MTPD are Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA). MAC provides supports for individuals with an unpaid caregiver who are eligible for Medicaid but not currently accessing Medicaid-funded LTSS benefits. TSOA established a new eligibility category and benefit package for individuals who do not currently meet Medicaid financial eligibility, with or without an unpaid caregiver, who are at risk of future Medicaid LTSS utilization. Services may include an in-home support



worker, home delivered meals, personal emergency button, adaptive equipment and home safety modifications.

**Focus Area #1:** Divert or delay client's need for higher level of care and Medicaid enrollment.

**Profile of the Issue:** Long Term Care Services and Supports (LTSS) come at a very high cost, including emergency room visits, hospitalizations, 911 calls made by or on behalf of the client, skilled nursing and rehabilitation stays, more individuals enrolled in Medicaid and more individuals entering long term care settings to get the supports they need. The Medicaid Transformation Project Demonstration (MTPD) offers opportunities to divert and/or delay the need for more expensive Medicaid funded LTSS for individuals age 55 and older.

**Focus and Goals:**

- A. Help individuals maintain independence at home.
- B. Decrease hospitalizations, skilled nursing and rehabilitation stays.
- C. Decrease calls to 911.
- D. Divert or delay the need for more expensive government-funded LTSS.

**Objectives:** Provide education to current and potential MTPD clients, their family support persons, contracted vendors and community stakeholders to make choices among LTSS available in the community. MTPD offers a broad array of service options to help enable older adults and individuals with disabilities to stay at home. By providing services to eligible individuals who are not otherwise Medicaid eligible, MTPD can help divert or delay more expensive care and the use of full Medicaid LTSS benefits to help preserve quality of life and choice for clients, while reducing costs for state and federal government.

**Focus Area #2:** Identify and support unpaid family caregivers.

**Profile of the Issue:** There are more than 93,000 unpaid caregivers in Snohomish County who provide the vast majority of care to individuals needing care. Many friends and family members of seniors and people with disabilities who provide help and support do not recognize their role as an unpaid caregiver. Most caregivers experience increases in stress and negative effects on their own physical and mental health. Unpaid caregivers need more support as they are the backbone of care for friends and family. Individuals, caregivers and their families often lack a practical way to prepare financially for future LTSS needs. If just one-fifth of unpaid caregivers stopped providing care, it would double the cost of LTSS in Washington State.

**Focus and Goals:**

- A. Identify unpaid family support persons earlier in the caregiving process.

- B. Continue to identify unpaid caregivers and increase enrollment.
- C. Increase outreach to unpaid caregivers to better provide help and insight along the caregiving journey.
- D. Ensure clients served by MTPD reflect the diversity present in Snohomish County.

**Objective:** To provide more support services for unpaid caregivers and family members. MTPD implements a client-centered approach to promote choice in how individuals and families receive services, to better deliver high-quality, cost-effective care that treats the whole person. By creating supportive connections between clinical and community-based services, MTPD will help divert or delay the need for more intensive and costly Medicaid benefits.

**Focus Area #3:** Increase Network Adequacy/Identify Additional Providers and Services in the Community.

**Profile of the Issue:** The current network of services lacks the capacity to meet needs of Snohomish County’s aging population. Historically services have had a singular focus on health, ignoring the importance of wellness and were not focused on the needs of each individual. Community members and organizations are invaluable to the success of the MTPD program. Through a strengths-based approach, MTPD staff and community members and organizations collaborate to ensure high quality, wellness-focused services are available to individuals through a variety of programs. They also strive to increase community members and organizations’ awareness and understanding of existing programs to advocate for and identify potential individuals who may benefit from existing services and supports.

**Focus and Goals:**

- A. Broaden the scope of services with a focus on wellness where possible.
- B. Prioritize client service needs (in-home care vs. wellness options).
- C. Ensure quality through monitoring of, and technical assistance to, contracted service providers.
- D. Expand relationships and connections with community partners.

**Objectives:** Establish and strengthen relationships with community partners to increase access points for potential clients and to maintain high-quality, comprehensive service options. Educate community partners with information necessary to increase awareness of available programs to help identify and refer caregivers to services they would not have otherwise known about. Increase the availability of wellness-focused service options and providers to honor client choice of services and supports.

**Focus Area #5:**

**Profile of Issue:** Complete contracts for program providers and monitor contracts to ensure compliance with program funder rules.

**Focus Areas and Goals:** Timely completion of contracts and program monitoring with service providers. LTCA will provide technical assistance to contractors while holding contractors accountable to program funder rules.

**Objective:** To ensure that service provision is available to program recipients and contractors are held accountable to program funder requirements.

## **ISSUE AREA THEMES**

### **PERSON CENTERED HOME AND COMMUNITY BASED SERVICES**

Person centered approaches are utilized for Medicaid and non-Medicaid service provision. These person centered approaches places the Medicaid and non-Medicaid program recipients as an equal partner in planning and choosing the services and supports that meets their needs alongside the human service professional. These approaches put the program participant at the center of the decision making and views the participant as the experts, working alongside the human service professional, to get the best outcome. Person centered approaches are not just about giving people whatever they want or providing information. It is about considering the program participant's dreams, values, living situations, social circumstances and lifestyles. Once all the benefits have been considered, the human service professional and the program participant work together to develop a plan of services and supports best suited to support the program participant's individual needs. Compassion, thinking about things from the program participant's point of view and being respectful are all important elements of person centered dialogue. Person centered approaches allow program participants to think and envision their care needs while developing a relationship with the human service professional setting up the service provision.

#### **Medicaid Case Management**

Washington is a national leader in offering home and community-based long term services and supports (LTSS) for people with significant disabilities under the Medicaid program. Washington residents can choose to receive support in adult family homes, in assisted living, in their own homes, or in a nursing home. As would be expected, the majority of individuals choose to receive care in their own homes, either from an agency or an individual provider of their choosing. Not only is in-home care the preferred LTSS option, it is the most cost-effective. It costs less, on average, for in-home care as compared to care in a nursing facility. It has been essential that Washington's in-home program has grown in its capacity to support people with moderate to severe physical limitations, as well as those who are medically complex, often accompanied by significant behavioral and cognitive challenges.

Statewide there are approximately 67,359 people in the home and community-based portion of Washington's LTSS system who face a broad range of challenges to their health and independence. For Snohomish County, in 2018, Medicaid Case Management served 3,851 individuals. All of the individuals served under Medicaid Case Management need assistance to accomplish daily activities such as bathing, dressing, preparing meals, personal hygiene and moving about.

## **Selected Focus and Goals**

### **Focus Area #1:**

**Profile of Issue:** The population of older people and individuals with chronic illness and/or disabilities continues to increase in Snohomish County.

**Focus and Goals:** The demand for qualified case managers and nurses will continue to match the growth in the population of frail elderly and adults with disabilities in Snohomish County.

A skilled workforce will need to include bilingual and bicultural staff, along with an increase in interpreter services. Increase the quality of case management services to populations with limited English proficiency (LEP).

**Objectives:** Recruit educationally qualified employees with specific language skills to match client demographics. Monitor changing demographics of population through

### **Focus Area #2:**

**Profile of the Issue:** Medicaid Case Management expectations continue to increase and state mandated caseload to worker ratios must be adhered to.

**Focus and Goals:** An increasing client base places pressure on our current system to ramp up staffing. Additionally, fluctuations in funding require changes in case management expectations. Subsequently, there is an increased need and importance for ongoing recruitment and training of case managers and nurses to meet staffing requirements in a timely manner for an increased caseload based on state mandated ratios.

**Objectives:** Maintain continuous staff recruitment, contingent upon adequate funding. Monitor staffing ratios on a monthly basis. Activity ongoing.

### **Focus Area #3:**

**Profile of the Issue:** Maintain an adequately person centered trained workforce able to meet state required case management standards monitored by the Aging and Long Term Support Administration (AL TSA).

**Focus and Goals:** Meet case management person centered expectations and standards of the Area Agency on Aging funder.

**Objectives:** Train staff to person centered approaches and AL TSA sanctioned case

management activities in a timely manner, including potential scaled-back expectations due to funding.

#### **Focus Area #4:**

**Profile of Issue:** Maintenance of network adequacy for Medicaid Case Management service provision. Strategies will include reaching out to service providers and assisting those interested in navigating the Medicaid contracting process. Gaining qualified providers to serve recipients of the program in their homes is pinnacle to program success and optimal choice for program recipients.

**Focus Areas and Goals:** Increase network of providers available for program benefit.

**Objective:** To ensure network adequacy, LTCA staff will reach out to community service providers and others as needed and assist with Medicaid contracting qualification process.

#### **Focus Area #5:**

**Profile of Issue:** Complete contracts for program providers and monitor contracts to ensure compliance with program funder rules.

**Focus Areas and Goals:** Timely completion of contracts and program monitoring with service providers. LTCA will provide technical assistance to contractors while holding contractors accountable to program funder rules.

**Objective:** To ensure that service provision is available to program recipients and contractors are held accountable to program funder requirements.

### **Aging and Disability Network/Community Living Connections**

The Snohomish County Aging and Disability Network provides:

- Information, referral and awareness;
- Options counseling;
- Streamlined eligibility screening or determination for public programs;
- Person-centered transition support;
- Consumer populations, partnerships and stakeholder involvement; and
- Quality assurance and continuous improvement.

Staff have been trained in Options Counseling and are developing guidelines for selecting clients who would benefit from this approach. To expand its knowledge of

disability issues and resources, Homage Senior Services has partnered with the Center for Independence North (CFI), a center for independent living for individuals with disabilities, for the last three years and provided office space for the organization's Snohomish County coordinator. Homage Senior Services and CFI have referred clients to each other, provided cross-training for their staff, shared knowledge of resources, and worked on joint education and outreach events.

### **Focus Area #1:**

**Profile of the Issue:** Person Centered Options Counseling is a service approach that requires a trained staff

**Focus and Goal:** The Aging and Disability Network will train staff in person centered options counseling approaches.

**Objective:** The Aging and Disability Network will train staff in the ADRN on person centered options counseling approaches.

### **Focus Area #2**

**Profile of Issue:** Provide outreach throughout Snohomish County about services and supports available in the aging network to individuals impacted by chronic illness or disabilities. This outreach will be delivered with intentionality and sensitivity to provide access to this program to limited English-speaking, ethnic adults and other marginalized populations in urban and rural areas. Provide choice of programs/services, care settings, and providers and assist with access as requested.

**Focus and Goal:** Provide outreach to geographically and emotionally isolated adults impacted by chronic illness and/or disabilities.

**Objective:** Aging and Disability Resource Network, in partnership with LTCA, will strive to promote information and access to services and supports in Snohomish County to adults impacted by chronic illness and/or disabilities in both rural and urban areas.

## Policy 7.01 Implementation Plan for Area Agencies on Aging (AAAs)

Timeframe: January 1, 2020 to December 31, 2023

Snohomish County Area Agency on Aging

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year.
1. Recognize, communicate and negotiate with Tribes on a Government to Government basis.	Quarterly 7.01 meetings and RTCC meetings	Increased awareness of county services available to tribal elders. Increased AAA staff understanding of needs of tribal elders.	Janet Gant, AAA Liaison Laura White, AAA Division Manager  Stillaguamish Tribe –  Tulalip Tribes –	
2. Support <b>Stillaguamish</b> tribal efforts to inform elders of available services and to educate elders on important issues.	Deliver copies of the latest version of Senior Source Resource Guide to Stillaguamish Tribe; resupply as needed  Determine if Stillaguamish Tribe wants to pursue more formal 7.01 plan or activities with AAA.	Increased awareness of county services available to tribal elders.  Increased AAA staff understanding of needs of tribal elders	Janet Gant, AAA Liaison  Stillaguamish Tribe –	
3. Support <b>Tulalip</b> tribal efforts to inform elders of available services and to educate elders on important issues.	Hand out copies of the latest version of Senior Source Resource Guide to Tulalip Senior Center and monthly elders' breakfast.	Increased awareness of county services available to tribal elders.	Janet Gant, AAA Liaison  Tulalip Senior Center	



## Policy 7.01 Implementation Plan for Area Agencies on Aging (AAAs)

Timeframe: January 1, 2020 to December 31, 2023

Snohomish County Area Agency on Aging

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year.
4. Support tribal efforts to provide nutrition services to seniors and elders.	Provide nutrition services (food) and nutrition information for Tulalip Senior Center participants and homebound seniors. Schedule a nutrition education presentation at tribal senior center. Nutrition contractor and tribal liaison will work with the senior center to do survey regarding meals.	Increase availability of nutritionally sound meals.  Increase tribal members' knowledge of nutrition requirements, diabetes management, etc.	Lahneen Fryberg, Director, Tulalip Senior Center  Janet Gant, AAA Liaison  Rich Robinson, Nutrition Director, Homage Senior Services	
5. Support tribal efforts to provide disease prevention and health promotion services to seniors and elders, to include Chronic Disease Self-Management.	Collaborate with Tulalip Health Clinic and Senior Center	Increase tribal members' knowledge of diabetes and methods to prevent or manage diabetes, managing pain, and managing other chronic diseases.	Lahneen Fryberg, Director, Tulalip Senior Center  Elders Program Manager Tulalip Health Clinic  Janet Gant, AAA Liaison	
6. Provide education on family caregiving and other topics to tribal members	Tulalip Senior Center is restructuring its caregiver program and would like some ideas and technical assistance. Staff has asked for brief presentations on family caregiving and other topics (5-10 minutes) that can be given at Elders Breakfast. Short articles that can be added to their newsletter would also be helpful.	Increased awareness and accessibility of services available to tribal elders.	Lahneen Fryberg – Director, Tulalip Senior Center  Janet Gant, AAA Liaison	

## Policy 7.01 Implementation Plan for Area Agencies on Aging (AAAs)

Timeframe: January 1, 2020 to December 31, 2023

Snohomish County Area Agency on Aging

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year.
7. Offer collaboration opportunities and technical assistance with area tribes to deliver outreach presentations concerning the Medicaid Transformation Demonstration Project / MAC and TSOA services.	The Area Agency has in place a multi-faceted community outreach plan and wishes to collaborate these efforts with the tribes. Also planned are train the trainer outreach models and other technical assistance modules. Offer the opportunity to complete Medicaid service provision contracts.	Create an ongoing collaborative effort to enable maximum coordination as the Medicaid Transformation Demonstration Project is presented to the community.	Lahneen Fryberg, Tulalip Senior Center Director Tulalip Tribes Janet Gant, AAA Liaison	
8. Pursue collaboration opportunities with the Case Management Program.	The Area Agency on Aging's Case Management Program has a geo-location team in the greater Marysville community. The desire is to explore opportunities for collaboration as well as technical support.	Ensure all involved with the Case Management Program are informed and internally supported through a collaborative partnership.	Lahneen Fryberg, Tulalip Senior Center Director Janet Gant, AAA Liaison Autumn Caulkins, Case Management Supervisor	
9. Invite Tribes to send representatives, at their discretion, to work groups and other events organized by Area Agency on Aging. Also, invite the Tribes to host Healthy Aging Forums developed and delivered the Council on Aging Healthy Aging Committee.	AAA will invite tribal representatives to participate in aging-related work groups and events such as: <ul style="list-style-type: none"> <li>• Snohomish County Vulnerable Adults Task Force</li> <li>• Healthy Aging Forum</li> </ul>	Ability to provide services geared toward cultural competence and humility.	Lahneen Fryberg, Tulalip Senior Center Director Trisha Pecor, Stillaguamish Tribe R2 IPSS Staff AAA Staff and Providers	

## Policy 7.01 Implementation Plan for Area Agencies on Aging (AAAs)

Timeframe: January 1, 2020 to December 31, 2023

Snohomish County Area Agency on Aging

Implementation Plan				Progress Report
(1) Goals/Objectives	(2) Activities	(3) Expected Outcome	(4) Lead Staff and Target Date	(5) Status Update for the previous year.
10. Cultural awareness	Work with Division Manager to determine what kind of cultural awareness training is needed for Snohomish County AAA and Human Services Department staff. Involve tribes and Office of Indian Policy and Support Services	Increased awareness of tribal beliefs, customs, history, and governance. Improved ability to build relationships and deliver culturally appropriate services.	Aimee Gone, DSHS/OIP Janet Gant, AAA Liaison Aime Fink, AAA Director Laura White, AAA Division Manager	
11. Recruitment of AI/AN on Snohomish County Council on Aging.	Develop and maintain contacts of Tribal Representatives & Snohomish County AAA representatives to disseminate advisory council opportunities.  Snohomish County Council on Aging to disseminate advisory council membership information at two (2) outreach events.	Increase American Indian/Alaska Native representation on Snohomish County advisory boards	Aimee Gone, DSHS/OIP & Helen Fenrich (Tulalip Tribes) Janet Gant, AAA Liaison	

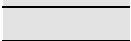
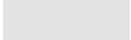
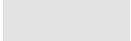
AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AREA PLAN BUDGET SUMMARY**  
 AAA: SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

BARS CODE	Contract or Direct	Number	Unit	Persons Served	AL TSA Funding	All Other Funding	Total
<b>AAA BUDGETED SERVICES</b>							
555 .10	<b>ADMINISTRATION</b>				<b>1,101,572</b>	<b>122,246</b>	<b>1,223,818</b>
.11	0				488,341	122,246	610,587
.12	0				0	0	0
.13	0				613,231	0	613,231
555 .21	<b>COORDINATION</b>				<b>94,000</b>	<b>16,588</b>	<b>110,588</b>
555 .31	C	1,700	Hours	275	<b>118,152</b>	<b>20,651</b>	<b>138,803</b>
555 .40	<b>ACCESS SERVICES</b>				<b>9,150,444</b>	<b>362,226</b>	<b>9,512,670</b>
.41.1	C	2,750	One-way Trips	125	46,805	33,300	80,105
.41.2	C	5,500	One-way Trips	800	46,738	18,262	65,000
.41.3	C	10,000	One-way Trips	3,500	0	114,666	114,666
.42	C/D	43,250	Contacts	3,000	1,410,857	0	1,410,857
.43.1	D	3,840	Cases	3,840	7,580,076	195,998	7,776,074
.43.2	C	450	Hours	40	65,968	0	65,968
.44	0	0	Visits	0	0	0	0
.45	0	0	Sessions	0	0	0	0
.46	0	0	Visits	0	0	0	0
.49	0	0	Cases	0	0	0	0
555 .50	<b>IN-HOME SERVICES</b>				<b>184,776</b>	<b>316,450</b>	<b>501,226</b>
.51	0	0	Hours	0	0	0	0
.52	0	0	Hours	0	0	0	0
.53	0	0	Hours	0	0	0	0
.54	0	0	Hours	0	0	0	0
.55	0	0	Hours	0	0	0	0
.56	0	0	Contact	0	0	0	0
.57	0	0	Contact	0	0	0	0
.58	0	0	Hours	0	0	0	0
.59	0	0	Hours	0	0	0	0
.50	C	250	Sessions	80	0	148,645	148,645
.50	C	794	Contacts	189	184,776	167,805	352,581
555 .60	<b>NUTRITION SERVICES</b>				<b>1,406,179</b>	<b>624,965</b>	<b>2,031,144</b>
.61	C	81,000	Meals	3,000	560,633	345,043	905,676
.63	C	900	Sessions	900	1,000	0	1,000
.64	C	175,000	Meals	950	761,842	279,922	1,041,764
.65	0	0	Assists	0	0	0	0
.66	0		Hours		0	0	0
.67	C	1,910	Participants	1,910			
.67.1					0	0	0
.67.2					75,440	0	75,440
.67.3					7,264	0	7,264
555 .70-.80	<b>SOCIAL &amp; HEALTH SERVICES</b>				<b>1,318,223</b>	<b>256,480</b>	<b>1,574,703</b>
.71	C	1,900	Hours	19	16,000	2,000	18,000
.72	C	350	Sessions	380	0	142,563	142,563
.73	0	0	Sessions	0	0	0	0
.74	C	25	Trainings	300	12,612	0	12,612
.75	C	35	Sessions	20	42,609	0	42,609
.76	0	0	Hours	0	0	0	0
.77	0	0	Hours	0	0	0	0
.78							
.78.1							
.78.1a					10,260	0	10,260
.78.1b	C/D	100	Items/Services	40	82,081	0	82,081
.78.2	0	0	Contacts/Activities	0	0	0	0

.79	Family Caregiver Support Program							
.79.1	Information Services	C			103,475	0	103,475	
.79.2a	Access Assistance	C/D			727,119	53,595	780,714	
.79.2b	Support Services	C			41,600	0	41,600	
.79.3	Respite Care Services	C			170,001	40,000	210,001	
.79.4	Supplemental Services	C/D			57,501	0	57,501	
.79.5	Services to Grandparents/Relatives							
.79.5a	Information Services	0			5,500	1,834	7,334	
.79.5b	Access Assistance	0			46,765	15,588	62,353	
.79.5c	Support Services	0			2,700	900	3,600	
.79.5d	Respite Care Services	0			0	0	0	
.79.5e	Supplemental Services	0			0	0	0	
.79.6	Memory Care and Wellness Services	0			0	0	0	
.84	Health Appliance/Limited Health Care	0	0	Contacts	0	0	0	
.88	Long Term Care Ombudsman	0	0	Investigations	0	0	0	
.89	Newsletters	0	0	Issues	0	0	0	
555 .90	<b>OTHER ACTIVITIES</b>				<b>79,303</b>	<b>6,611</b>	<b>85,914</b>	
	Disaster Relief				0	0	0	
	Foot care	0	0	Sessions	0	0	0	
	Peer Counseling	0	0	Hours	0	0	0	
	Outreach	0	0	Contacts	0	0	0	
	Aging & Disability Resource Center (ADRC)	0	0	Contacts	0	0	0	
	MIPPA	C	120	Applications	120	20,840	0	20,840
	Chronic Disease Self Management Program (CDSMP)	0	0	(Enter Unit)	0	0	0	0
	Home Care Referral Registry (HCRR)	0	0	(Enter Unit)	0	0	0	0
	Veterans Directed Home Services	D	4	Clients	4	12,000	0	12,000
	Other - Client Specific Funds	D	25	(Enter Unit)	25	37,463	6,611	44,074
	Other - CLC Licenses	D	15	(Enter Unit)	15	9,000	0	9,000
	Other (Enter Title)	0	0	(Enter Unit)	0	0	0	0
	<b>Sub-Total - AAA Budgeted</b>				<b>13,452,649</b>	<b>1,726,217</b>	<b>15,178,866</b>	
	<b>AAA NON-BUDGETED SERVICES</b>							
	Caregiver Training					575,000	575,000	
	Agency Workers' Health Insurance and CGT for Respite/Non-Core					30,000	30,000	
	Other Funding (Enter Description)		0	0	0	0	0	
	<b>Sub-Total - AAA Non-Budgeted</b>				<b>0</b>	<b>605,000</b>	<b>605,000</b>	
	<b>Total AAA - Budgeted and Non-Budgeted</b>				<b>13,452,649</b>	<b>2,331,217</b>	<b>15,783,866</b>	

Notes: Non-Budgeted funds include all those reimbursed services over which the AAA has no discretion on spending. The services are either entitlement in nature, or specific spending requirements established by the source of the funds.

Cost per  
Unit



81.65



29.13

11.82

11.47

32.62

2,025.02

146.60

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!



#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

594.58

444.06

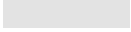


11.18

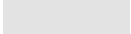
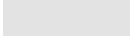
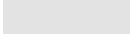
1.11

5.95

#DIV/0!



39.50



9.47

407.32

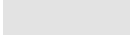
#DIV/0!

504.48

1,217.40

#DIV/0!

#DIV/0!



820.81

#DIV/0!

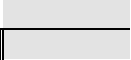


#DIV/0!  
 7.50  
 19.44  
 104.55

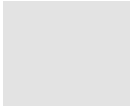


611.17  
 #DIV/0!  
 7.58  
 0.00

#DIV/0!  
 #DIV/0!  
 #DIV/0!  
 #DIV/0!  
 #DIV/0!



#DIV/0!  
 #DIV/0!  
 #DIV/0!  
 #DIV/0!  
 173.67  
 #DIV/0!  
 #DIV/0!  
 3,000.00  
 1,762.96  
 600.00  
 #DIV/0!



AREA AGENCIES ON AGING AREA PLAN BUDGET  
EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

BARS CODE	Contract or Direct	Number	Unit	CFDA # Persons Served	Older Americans Act							NSIP 93.053	DSHS Allocated Title XIX/ MFP/Chore 93.778/93.791	Title XIX/ MFP AAA Requested 93.778/93.791 Matched by SCSA/Local	SCSA	State Family Caregiver
					93.044	93.045	93.045	93.043	93.052	93.041	OAA					
					Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse	Total					
<b>555 .10 ADMINISTRATION</b>					<b>75,407</b>	<b>58,198</b>	<b>66,826</b>		<b>32,012</b>		<b>232,443</b>		<b>613,231</b>		<b>117,106</b>	<b>94,312</b>
.11 Area Agency Planning/Administration					75,407	58,198	66,826		32,012		232,443				117,106	94,312
.12 Interfund Payments for Services					0	0	0		0		0				0	0
.13 Core Services Contract Management													613,231			
<b>555 .21 COORDINATION</b>					<b>94,000</b>						<b>94,000</b>					
<b>555 .31 LEGAL ASSISTANCE</b>	<b>C</b>	<b>1,700</b>	Hours	<b>275</b>	<b>117,024</b>					<b>1,128</b>	<b>118,152</b>				<b>0</b>	
<b>555 .40 ACCESS SERVICES</b>					<b>346,145</b>						<b>346,145</b>		<b>7,154,844</b>	<b>357,000</b>	<b>406,548</b>	
.41.1 Transportation	C	2,750	One-way Trips	125	42,137						42,137				4,668	
.41.2 Ethnic Meal Transportation	C	5,500	One-way Trips	800	0						0				46,738	
.41.3 Transportation Assistance Program	C	10,000	One-way Trips	3,500	0						0				0	
.42 Information & Assistance	C/D	43,250	Contacts	3,000	256,035						256,035			50,000	218,915	
.43.1 Case Management/Nursing Services - Core Services	D	3,840	Cases	3,840									7,154,844	307,000	118,232	
.43.2 Case Management - Aging Network	C	450	Hours	40	47,973						47,973				17,995	
.44 Nursing Services - DDA	0	0	Visits	0									0		0	
.45 Nursing Services - Aging Network	0	0	Sessions	0	0						0				0	
.46 Nursing Services - Contracted with HCS	0	0	Visits	0									0			
.49 Contracted Front Door Functions (King only)	0	0	Cases	0									0			
<b>555 .50 IN-HOME SERVICES</b>					<b>25,000</b>			<b>0</b>			<b>25,000</b>				<b>159,776</b>	
.51 Chore Services - Aging Network	0	0	Hours	0	0						0				0	
.52 Personal Care Services - Aging Network	0	0	Hours	0	0						0				0	
.53 Home Health	0	0	Hours	0	0						0				0	
.54 Health Maintenance	0	0	Hours	0	0			0			0				0	
.55 Bath Assistance	0	0	Hours	0	0						0				0	
.56 Visiting and Telephone Reassurance	0	0	Contact	0	0						0				0	
.57 Minor Home Repair and Maintenance	0	0	Contact	0	0						0				0	
.58 Adult Day Care	0	0	Hours	0	0						0				0	
.59 Volunteer Services	0	0	Hours	0	0						0				0	
.50 Other In-home Services - Peer Counseling	C	250	Sessions	80	0						0				0	
.50 Other In-home Services- Stabilized Housing	C	794	Contacts	189	25,000						25,000				159,776	
<b>555 .60 NUTRITION SERVICES</b>					<b>0</b>	<b>523,777</b>	<b>601,431</b>	<b>0</b>			<b>1,125,208</b>	<b>147,425</b>			<b>0</b>	
.61 Congregate Meals	C	81,000	Meals	3,000		523,777					523,777	36,856			0	
.63 Nutrition Education & Outreach	C	900	Sessions	900	0	0	0	0			0				0	
.64 Home Delivered Meals	C	#####	Meals	950			601,431				601,431	110,569			0	
.65 Shopping Assistance	0	0	Assists	0		0	0				0				0	
.66 Registered Dietitian	0	0	Hours	0		0	0	0			0				0	
.67 Senior Farmer's Mrkt (SFMNP) Food/Checks	C	1,910	Participants	1,910												
.67.1 Food Purchased															0	
.67.2 Checks Received															0	
.67.3 Service Delivery															0	
<b>555 .70-.80 SOCIAL &amp; HEALTH SERVICES</b>					<b>16,428</b>			<b>42,609</b>	<b>288,116</b>	<b>0</b>	<b>347,153</b>				<b>17,304</b>	<b>848,813</b>
.71 Adult Day Health Services	C	1,900	Hours	19	0						0				16,000	
.72 Geriatric Health Screening	C	350	Sessions	380	0			0			0				0	
.73 Medication Management	0	0	Sessions	0	0			0			0				0	
.74 Senior Drug Education	C	25	Trainings	300											0	
.75 Disease Prevention/Health Promotion (CDSMP)	C	35	Sessions	20	0			42,609			42,609				0	
.76 Elder Abuse Prevention	0	0	Hours	0	0					0	0				0	
.77 Mental Health	0	0	Hours	0	0			0			0				0	



AREA AGENCIES ON AGING AREA PLAN BUDGET  
EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

BARS CODE	Contract or Direct	Number	Unit	CFDA # Persons Served	Older Americans Act							NSIP 93.053	DSHS Allocated Title XIX/ MFP/Chore 93.778/93.791	Title XIX/ MFP AAA Requested 93.778/93.791	SCSA	State Family Caregiver	
					93.044	93.045	93.045	93.043	93.052	93.041	OAA						
					Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse	Total						
.78	Kinship Care																
.78.1	Kinship Caregivers Support Program																
.78.1a	Service Delivery																
.78.1b	Goods and Services	C/D	100	Items/Services	40												
.78.2	Kinship Navigator Services	0	0	Contacts/Activities	0	0											
.79	Family Caregiver Support Program																
.79.1	Information Services	C							27,975		27,975		0	75,500			
.79.2a	Access Assistance	C/D				16,428			188,824		205,252		1,304	520,563			
.79.2b	Support Services	C				0			16,350		16,350		0	25,250			
.79.3	Respite Care Services	C				0			1		1		0	170,000			
.79.4	Supplemental Services	C/D				0			1		1		0	57,500			
.79.5	Services to Grandparents/Relatives	C															
.79.5a	Information Services								5,500		5,500						
.79.5b	Access Assistance								46,765		46,765						
.79.5c	Support Services								2,700		2,700						
.79.5d	Respite Care Services								0		0						
.79.5e	Supplemental Services								0		0						
.79.6	Memory Care and Wellness Services (MCWS - NW and King only)	0												0			
.84	Health Appliance/Limited Health Care	0	0	Contacts	0	0			0		0		0				
.88	Long Term Care Ombudsman	0	0	Investigations	0	0				0	0		0				
.89	Newsletters	0	0	Issues	0	0			0	0	0		0				
555 .90	<b>OTHER ACTIVITIES</b>					<b>37,463</b>			<b>0</b>		<b>37,463</b>		<b>9,000</b>				
	Disaster Relief					0					0		0				
	Foot care	0	0	Sessions	0	0			0		0		0				
	Peer Counseling	0	0	Hours	0	0					0		0				
	Outreach	0	0	Contacts	0	0					0		0				
	Aging & Disability Resource Center (ADRC)	0	0	Contacts	0	0					0		0				
	MIPPA	C	120	Applications	120						0						
	Chronic Disease Self Management Program (CDSMP)	0	0	(Enter Unit)	0						0						
	Home Care Referral Registry (HCRR)	0	0	(Enter Unit)	0						0						
	Veterans Directed Home Services	D	4	Clients	4						0						
	Other - Client Specific Funds	D	25	(Enter Unit)	25	37,463					37,463						
	Other - CLC Licenses	D	15	(Enter Unit)	15	0					0		9,000				
	Other (Enter Title)	0	0	(Enter Unit)	0	0					0		0				
	<b>Total Services</b>					<b>636,060</b>	<b>523,777</b>	<b>601,431</b>	<b>42,609</b>	<b>288,116</b>	<b>1,128</b>	<b>2,093,121</b>	<b>147,425</b>	<b>7,154,844</b>	<b>357,000</b>	<b>592,628</b>	<b>848,813</b>
	<b>Total Expenditures</b>					<b>711,467</b>	<b>581,975</b>	<b>668,257</b>	<b>42,609</b>	<b>320,128</b>	<b>1,128</b>	<b>2,325,564</b>	<b>147,425</b>	<b>7,768,075</b>	<b>357,000</b>	<b>709,734</b>	<b>943,125</b>

AREA AGENCIES ON AGING AREA PLAN BUDGET  
EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

BARS CODE		Kinship Caregiver Support	Kinship Navigator	Sr Farmers Market State	Sr Farmers Market Fed 10.576	Total Sr Farmers Market	Medicaid Transformation Demonstration 93.778	Other ALTSA Funding	Total ALTSA	Non-ALTSA Funding Sources	Grand Total	Description
555 .10	<b>ADMINISTRATION</b>	10,260	0	850	320	1,170	0	33,050	1,101,572	122,246	1,223,818	
.11	Area Agency Planning/Administration	10,260	0	850	320	1,170	0	33,050	488,341	122,246	610,587	Other ALTSA: 5% CGT Admin; \$4,300 T3B Discr.; Non-ALTSA: County General Revenue
.12	Interfund Payments for Services	0	0	0	0	0	0	0	0	0	0	
.13	Core Services Contract Management								613,231	0	613,231	
555 .21	<b>COORDINATION</b>								94,000	16,588	110,588	Non-ALTSA: County General Funds to match T3B
555 .31	<b>LEGAL ASSISTANCE</b>								118,152	20,651	138,803	Non ALTSA: State of WA, Civil Legal Representation Contract (OCLA)
555 .40	<b>ACCESS SERVICES</b>						847,207	38,700	9,150,444	362,226	9,512,670	
.41.1	Transportation								46,805	33,300	80,105	Non-ALTSA: Volunteer Chore (used as match), City of Everett, Contributions
.41.2	Ethnic Meal Transportation								46,738	18,262	65,000	Non-ALTSA: Donations and Agency Unrestricted Funds
.41.3	Transportation Assistance Program								0	114,666	114,666	Non-ALTSA: County General and Roads Funds
.42	Information & Assistance						847,207	38,700	1,410,857	0	1,410,857	Other ALTSA: T3B Discretionary. \$50,000 SCSA to Match TXIX/MFP Admi
.43.1	Case Management/Nursing Services - Core Services								7,580,076	195,998	7,776,074	Non-ALTSA: \$195,998 Co Gen Rev, available to match TXIX/MFP. Also \$118,232 SCSA t
.43.2	Case Management - Aging Network								65,968	0	65,968	SCSA to match T3B
.44	Nursing Services - DDA								0	0	0	
.45	Nursing Services - Aging Network								0	0	0	
.46	Nursing Services - Contracted with HCS								0	0	0	
.49	Contracted Front Door Functions (King only)								0	0	0	
555 .50	<b>IN-HOME SERVICES</b>							0	184,776	316,450	501,226	
.51	Chore Services - Aging Network								0	0	0	
.52	Personal Care Services - Aging Network								0	0	0	
.53	Home Health								0	0	0	
.54	Health Maintenance								0	0	0	
.55	Bath Assistance								0	0	0	
.56	Visiting and Telephone Reassurance								0	0	0	
.57	Minor Home Repair and Maintenance								0	0	0	
.58	Adult Day Care								0	0	0	
.59	Volunteer Services							0	0	0	0	
.50	Other In-home Services - Peer Counseling								0	148,645	148,645	Non-ALTSA: \$123,645 County Funds + \$25,000 Verdant
.50	Other In-home Services- Stabilized Housing								184,776	167,805	352,581	Non ALTSA: Everett Housing Authority Program rent vouchers. SCSA to match T3B
555 .60	<b>NUTRITION SERVICES</b>			65,637	18,067	83,704		49,842	1,406,179	624,965	2,031,144	
.61	Congregate Meals								560,633	345,043	905,676	Non ALTSA: \$25,500 Verdant; \$22,698 City of Everett; \$218,909 Agency Funds; \$77,936
.63	Nutrition Education & Outreach			1,000		1,000			1,000	0	1,000	
.64	Home Delivered Meals							49,842	761,842	279,922	1,041,764	Non ALTSA: \$40,000 Co Gen Rev;\$13,000 City of Everett; \$14,750 City of Marysville; \$65
.65	Shopping Assistance								0	0	0	
.66	Registered Dietitian								0	0	0	
.67	Senior Farmer's Mrkt (SFMNP) Food/Checks								0	0	0	
.67.1	Food Purchased			0		0			0	0	0	
.67.2	Checks Received			58,880	16,560	75,440			75,440	0	75,440	
.67.3	Service Delivery			5,757	1,507	7,264			7,264	0	7,264	
555 .70-.80	<b>SOCIAL &amp; HEALTH SERVICES</b>	92,341	0					12,612	1,318,223	256,480	1,574,703	
.71	Adult Day Health Services								16,000	2,000	18,000	Non-ALTSA: County Funds
.72	Geriatric Health Screening								0	142,563	142,563	Non-ALTSA: \$106,963 County Funds + \$35,600 Verdant and Other
.73	Medication Management								0	0	0	
.74	Senior Drug Education							12,612	12,612	0	12,612	
.75	Disease Prevention/Health Promotion (CDSMP)								42,609	0	42,609	
.76	Elder Abuse Prevention								0	0	0	
.77	Mental Health								0	0	0	

AREA AGENCIES ON AGING AREA PLAN BUDGET  
EXPENDITURE DETAIL BY FUNDING SOURCE

AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

BARS CODE	Kinship Caregiver Support	Kinship Navigator	Sr Farmers Market State	Sr Farmers Market Fed 10.576	Total Sr Farmers Market	Medicaid Transformation Demonstration 93.778	Other ALTSA Funding	Total ALTSA	Non-ALTSA Funding Sources	Grand Total	Description
.78	Kinship Care							0			
.78.1	Kinship Caregivers Support Program							0			
.78.1a	Service Delivery							10,260	0	10,260	
.78.1b	Goods and Services							82,081	0	82,081	
.78.2	Kinship Navigator Services	0						0	0	0	
.79	Family Caregiver Support Program							0			
.79.1	Information Services							103,475	0	103,475	SFCSP to match T3E
.79.2a	Access Assistance							727,119	53,595	780,714	Non-ALTSA: \$43,255 Verdant; \$10,340 Agency Other
.79.2b	Support Services							41,600	0	41,600	SFCSP to match T3E
.79.3	Respite Care Services							170,001	40,000	210,001	Non-ALTSA: Estimated Private Pay
.79.4	Supplemental Services							57,501	0	57,501	
.79.5	Services to Grandparents/Relatives							0	0	0	
.79.5a	Information Services							5,500	1,834	7,334	Non-ALTSA: Agency Funds
.79.5b	Access Assistance							46,765	15,588	62,353	Non-ALTSA: \$15,000 County Funds; \$588 Agency Funds
.79.5c	Support Services							2,700	900	3,600	Non-ALTSA: Agency Funds
.79.5d	Respite Care Services							0	0	0	
.79.5e	Supplemental Services							0	0	0	
.79.6	Memory Care and Wellness Services (MCWS - NW and King only)							0	0	0	
.84	Health Appliance/Limited Health Care							0	0	0	
.88	Long Term Care Ombudsman							0	0	0	
.89	Newsletters							0	0	0	
555 .90	<b>OTHER ACTIVITIES</b>							<b>32,840</b>	<b>6,611</b>	<b>85,914</b>	
	Disaster Relief							0	0	0	
	Foot care							0	0	0	
	Peer Counseling							0	0	0	
	Outreach							0	0	0	
	Aging & Disability Resource Center (ADRC)							0	0	0	
	MIPPA							20,840	0	20,840	
	Chronic Disease Self Management Program (CDSMP)							0	0	0	
	Home Care Referral Registry (HCRR)							0	0	0	
	Veterans Directed Home Services							12,000	0	12,000	
	Other - Client Specific Funds							0	37,463	44,074	Non-ALTSA: County General Funds to match T3B
	Other - CLC Licenses							0	9,000	9,000	
	Other (Enter Title)							0	0	0	
	<b>Total Services</b>	<b>92,341</b>	<b>0</b>	<b>65,637</b>	<b>18,067</b>	<b>83,704</b>	<b>847,207</b>	<b>133,994</b>	<b>1,603,971</b>	<b>13,955,048</b>	
	<b>Total Expenditures</b>	<b>102,601</b>	<b>0</b>	<b>66,487</b>	<b>18,387</b>	<b>84,874</b>	<b>847,207</b>	<b>167,044</b>	<b>1,726,217</b>	<b>15,178,866</b>	

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AREA PLAN FORMULA WORKSHEET**

AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

**MATCH REQUIREMENT COMPUTATION**

	Title 3B Supportive Services	Title 3C1 Congregate Meals	Title 3C2 Home Delivered Meals	Title 3D Disease Prevention / Health Prom.	Title 3E Nat'l Family Caregiver Support	OAA Total	TXIX/MFP Matched by SCSA/Local	Total Match
Administration Match	25,136	19,399	22,275		10,671	77,481	0	77,481
Services Match	112,246	92,431	106,135		96,039	406,851	0	406,851
Total Match	137,382	111,830	128,410		106,710	484,332	0	484,332

**REQUIRED MATCH**

	Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	OAA Total
% of Admin. Match Budgeted (OAA Min. 25%)	25.00%	25.00%	25.00%			
% of Services Match Budgeted (OAA Min. 15%)	15.00%	15.00%	15.00%			
% of Total Match Budgeted (T3E only, Minimum 25%)					25.00%	

**ADMINISTRATION EXPENDITURE LIDS**

T3E - must not exceed 10%.  
 OAA Total - Must be exactly 10% if Coordination is budgeted.  
 OAA Total - Must not exceed 10% if Coordination is not budgeted.

Title 3E	OAA Total
10.00%	10.00%

**OAA MINIMUM FUNDING LEVEL**

**T3B Funds**

Access Services (Minimum 15%)  
 Legal Services (Minimum 11%)  
 In-Home Services (Minimum 1%)

AAA Level
48.65%
16.45%
3.51%

**LIDS**

	SCSA	SFCSP	Title 3E	KCSP	KinNav
Administration (SCSA 16.5% Max., SFCSP and KinNav 10% Max.)	16.50%	10.00%			#DIV/0!
FCSP - Respite Services (53% Max. SFCSP, 35% Max. Title 3E Funds)		18.03%	0.00%		
KCSP - Admin and Service Delivery (20% total Max.);				20.00%	

AREA AGENCIES ON AGING AREA PLAN BUDGET

Staff Full Time Equivalent (FTE) Breakout

AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

FTE Distribution		Cost Pools				Direct Charge							
Position Title	Total FTE	HS Dept Admin Service provided to AAA	AAA Planning & Admin	Non ALTSA Pool	Subtotal Pools	T3B Coord.	Unpaid Caregiver Support Access Assist	Unpaid Caregiver Support I&A; MTPD MAC/ TSOA	CSCM	CM/NS-CORE SERV	I & A	Non ALTSA Cost Center	Subtotal Direct Charge
Division Manager	1.00	ok	0.150		0.150			0.060	0.070	0.720			0.850
Human Services Specialist III	1.00	ok	0.300		0.300	0.150	0.100	0.300	0.150				0.700
Human Services Specialist II	9.00	ok	1.650	0.020	1.670	0.750	1.000	3.680	1.900				7.330
Human Services Specialist I	2.80	ok	0.900		0.900	0.050		0.150	1.700				1.900
Accounting Technician II	0.50	ok			0.000	0.125			0.125	0.250			0.500
CM/NS Supervisor	7.00	ok			0.000					7.000			7.000
Register Nurse	4.00	ok			0.000					4.000			4.000
Case Manager Lead	1.00	ok			0.000				1.000				1.000
Case Manager	45.00	ok			0.000				45.000				45.000
Case Management Aide	4.00	ok			0.000				4.000				4.000
HS Support Staff Supervisor	1.00	ok			0.000				1.000				1.000
CM Admin Assistant	1.00	ok			0.000				1.000				1.000
Office Assistance II	2.00	ok			0.000				2.000				2.000
79.300	0.00	ok			0.000								0.000
Human Services Director	1.000	ok	0.070	0.930	1.000								0.000
Administrative Assistant	2.000	ok	0.230	1.770	2.000								0.000
Division Manager	1.000	ok	0.140	0.860	1.000								0.000
Business Appl Programmer	1.000	ok	0.170	0.830	1.000								0.000
Network Administrator	1.000	ok	0.390	0.610	1.000								0.000
Fiscal Supervisor/FCO	1.000	ok	0.500	0.500	1.000								0.000
Financial Compliance Officer	2.000	ok	0.000	2.000	2.000								0.000
Financial Compliance Officer	1.000	ok	0.150	0.850	1.000								0.000
Grant Accountant	4.000	ok	0.820	3.180	4.000								0.000
Accounting Technician II	1.000	ok	0.380	0.620	1.000								0.000
Contracts Coordinator	1.000	ok	0.140	0.860	1.000								0.000
Contracts Coordinator 1	1.000	ok	0.150	0.850	1.000								0.000
Secretary Senior	2.000	ok	0.290	1.710	2.000								0.000
Office Assistance II	1.000	ok	0.150	0.850	1.000								0.000
Office Assistance I	0.500	ok	0.150	0.350	0.500								0.000
20.500	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
	0.00	ok			0.000								0.000
<b>Total FTEs</b>	<b>99.800</b>		<b>3.730</b>	<b>3.000</b>	<b>16.790</b>	<b>1.075</b>	<b>1.100</b>	<b>4.190</b>	<b>3.945</b>	<b>65.970</b>	<b>0.000</b>	<b>0.000</b>	<b>76.280</b>

Total FTE Equals the Total FTE Reported on Reconciliation Tab

YES

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Area Planning and Administration Cost Pool

		OLDER AMERICAN'S ACT							DSHS ALLOCATED							T3B Discretionary								
	TOTAL	Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention	NSIP	Core Svcs Contract Management	TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door	Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Co Gen	Non - ALTSA Co. Roads	Non - ALTSA (specify)
<b>Full Time Equivalents:</b>																								
Total FTEs	3.00																							
<b>Direct Services:</b>																								
10 Salaries & Wages	258,740	32,722	27,473	31,251	0	14,257	0	0	0	0	0	0	0	0	0	54,780	44,068	4,708	0	496	1,539	46,306	1,140	0
20 Personnel Benefits	118,022	14,926	12,531	14,255	0	6,503	0	0	0	0	0	0	0	0	0	24,988	20,101	2,148	0	226	702	21,122	520	0
30-80 All Other Costs	27,157	2,296	1,928	2,193	0	1,000	0	0	0	0	0	0	0	0	0	12,844	3,092	330	0	35	108	3,250	80	0
90 Interfund Pmts for Service	59,011	7,463	6,266	7,127	0	3,252	0	0	0	0	0	0	0	0	0	12,494	10,051	1,074	0	113	351	10,561	260	0
<b>Total Direct Expenditures</b>	<b>462,930</b>	<b>57,407</b>	<b>48,198</b>	<b>54,826</b>	<b>0</b>	<b>25,012</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105,106</b>	<b>77,312</b>	<b>8,260</b>	<b>0</b>	<b>870</b>	<b>2,700</b>	<b>81,239</b>	<b>2,000</b>	<b>0</b>

incl CLC licenses

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	82%	18%	100%
FTE	2.46	0.54	3.00
Funding	\$ 379,691	\$ 83,239	\$ 462,930

Correct

Correct

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Coordination

	TOTAL	OLDER AMERICAN'S ACT							NSIP	DSHS ALLOCATED					Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Co Gen	Non - ALTSA (specify)	Non - ALTSA (specify)			
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention	Core Svcs Contract Management		TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door															
<b>Full Time Equivalents:</b>																												
Total FTEs	1.075																											
<b>Direct Services:</b>																												
10 Salaries & Wages	63,035	53,580	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,455	0	0
20 Personnel Benefits	28,753	24,440	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,313	0	0
30-80 All Other Costs	4,424	3,760	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	664	0	0
90 Interfund Pymnts for Service	14,376	12,220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,156	0	0
<b>Total Direct Expenditures</b>	<b>110,588</b>	<b>94,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16,588</b>	<b>0</b>	<b>0</b>		

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	85%	15%	100%
FTE	0.914	0.161	1.075
Funding	\$ 94,000	\$ 16,588	\$ 110,588

Correct  
Correct

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Client Specific Support Funds

	TOTAL	OLDER AMERICAN'S ACT						NSIP	DSHS ALLOCATED					Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Co Gen	Non - ALTSA (specify)	Non - ALTSA (specify)			
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention		Core Svcs Contract Management	TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door														
<b>Full Time Equivalents:</b>																											
Total FTEs	0.00																										
<b>Direct Services:</b>																											
10 Salaries & Wages	3,768	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,768	0	0	
20 Personnel Benefits	1,719	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,719	0	0	
30-80 All Other Costs	37,727	37,463	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	264	0	0	
90 Interfund Pymnts for Service	859	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	859	0	0	
<b>Total Direct Expenditures</b>	<b>44,074</b>	<b>37,463</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,611</b>	<b>0</b>	<b>0</b>		

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	85%	15%	100%
FTE	0.00	0.00	0.00
Funding	\$ 37,463	\$ 6,611	\$ 44,074

Correct  
Correct



AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Unpaid Caregiver Support Programs  
 (FCSP Access Assistance, MTPD and T3B for Front door)

	TOTAL	OLDER AMERICAN'S ACT						NSIP	DSHS ALLOCATED					Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA (specify)	Non - ALTSA (specify)	Non - ALTSA (specify)				
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention		Core Svcs Contract Management	TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door															
<b>Full Time Equivalents:</b>																												
Total FTEs	5.290																											
<b>Direct Services:</b>																												
10 Salaries & Wages	397,813	9,364	0	0	0	20,520	0	0	0	0	0	0	0	0	236,280	0	109,590	0	0	0	0	22,059	0	0	0	0	0	
20 Personnel Benefits	181,322	4,271	0	0	0	9,360	0	0	0	0	0	0	0	0	107,640	0	49,988	0	0	0	0	10,062	0	0	0	0	0	
30-80 All Other Costs	122,607	657	0	0	0	1,440	0	0	0	0	0	0	0	0	26,560	0	40,191	52,211	0	0	0	1,548	0	0	0	0	0	
90 Interfund Pymnts for Service	90,661	2,136	0	0	0	4,680	0	0	0	0	0	0	0	0	53,820	0	24,994	0	0	0	0	5,031	0	0	0	0	0	
<b>Total Direct Expenditures</b>	<b>792,402</b>	<b>16,428</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424,300</b>	<b>0</b>	<b>224,763</b>	<b>52,211</b>	<b>0</b>	<b>0</b>	<b>38,700</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	100%	0%	100%
FTE	5.29	0.00	5.290
Funding	\$ 792,402	\$ -	\$ 792,402

Correct  
 Correct

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Information & Assistance/ADRN

All services, with the exception of portions of unpaid caregiver support programs, subcontracted to a non-profit agency provider.

	TOTAL	OLDER AMERICAN'S ACT						NSIP	DSHS ALLOCATED					Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA (specify)	Non - ALTSA (specify)	Non - ALTSA (specify)												
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention		Core Svcs Contract Management	TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door																							
<b>Full Time Equivalents:</b>																																				
Total FTEs	0.00																																			
<b>Direct Services:</b>																																				
10 Salaries & Wages	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20 Personnel Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-80 All Other Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
90 Interfund Pymnts for Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Direct Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	#DIV/0!	#DIV/0!	#DIV/0!
FTE	0.00	0.00	0.00
Funding	\$ -	\$ -	\$ -

Correct  
 Correct

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Core Services Contract Management

	TOTAL	OLDER AMERICAN'S ACT							NSIP	DSHS ALLOCATED					Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA (specify)	Non - ALTSA (specify)	Non - ALTSA (specify)				
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention	Core Svcs Contract Management		TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door																
<b>Full Time Equivalents:</b>																													
Total FTEs	3.945																												
<b>Direct Services:</b>																													
10 Salaries & Wages	354,529	0	0	0	0	0	0	0	0	343,842	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,688	0	0	0
20 Personnel Benefits	161,715	0	0	0	0	0	0	0	0	156,840	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,875	0	0	0
30-80 All Other Costs	24,879	0	0	0	0	0	0	0	0	24,129	0	0	0	0	0	0	0	0	0	0	0	0	0	0	750	0	0	0	
90 Interfund Pymnts for Service	80,858	0	0	0	0	0	0	0	0	78,420	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,438	0	0	0	
<b>Total Direct Expenditures</b>	<b>621,981</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>603,231</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,750</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	100%	0%	100%
FTE	3.945	0.000	3.945
Funding	\$ 621,981	\$ -	\$ 621,981

Correct  
Correct

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Case Management/Nurse Services

	TOTAL	OLDER AMERICAN'S ACT							DSHS ALLOCATED						VDHS									
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention	NSIP	Core Svcs Contract Management	TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door	Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Co. Gen.	Non - ALTSA (specify)	Non - ALTSA (specify)
<b>Full Time Equivalents:</b>																								
Total FTEs	65.970																							
<b>Direct Services:</b>																								
10 Salaries & Wages	4,380,724	0	0	0	0	0	0	0	0	4,027,745	0	0	0	172,442	0	67,510	0	0	0	0	6,509	106,517	0	0
20 Personnel Benefits	2,117,478	0	0	0	0	0	0	0	0	1,946,861	0	0	0	83,352	0	32,632	0	0	0	0	3,146	51,486	0	0
30-80 All Other Costs	329,897	0	0	0	0	0	0	0	0	303,315	0	0	0	12,986	0	5,084	0	0	0	0	490	8,021	0	0
90 Interfund Pymnts for Service	843,922	0	0	0	0	0	0	0	0	775,923	0	0	0	33,220	0	13,006	0	0	0	0	1,254	20,520	0	0
<b>Total Direct Expenditures</b>	<b>7,672,021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,053,844</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>302,000</b>	<b>0</b>	<b>118,232</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,400</b>	<b>186,545</b>	<b>0</b>	<b>0</b>

**ALTSA/Non-ALTSA Breakout Section**

	ALTSA	Non-ALTSA	Total
Percentage	98%	2%	100%
FTE	64.37	1.60	65.970
Funding	\$ 7,485,476	\$ 186,545	\$ 7,672,021

Correct  
Correct

AREA AGENCIES ON AGING AREA PLAN BUDGET  
**AAA INDIVIDUAL DIRECT SERVICES WORKSHEET**  
 AAA SNOHOMISH  
 BUDGET PERIOD: January 1 - December 31, 2020

COST CENTER OR COST POOL: Human Services Dept. Administrative Services Cost Pool

		OLDER AMERICAN'S ACT							DSHS ALLOCATED							CGT VDHS GCT, T3B DISCR								
	TOTAL	Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention	NSIP	Core Svcs Contract Management	TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door	Matched by SCSA Local	Medicaid Transformation Demonstration	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other AL TSA Funding	Non - AL TSA Co Gen(1)	Non - AL TSA (specify)	Non - AL TSA Other HS Dept(2)
<b>Full Time Equivalents:</b>																								
Total FTEs	20.52																							
<b>Direct Services:</b>																								
10 Salaries & Wages	1,659,796	11,160	6,200	7,440	0	4,340	0	0	6,200	62,620	0	0	0	3,100	4,650	13,020	10,540	1,240	0	186	7,564	30,045	0	1,491,491
20 Personnel Benefits	669,273	4,500	2,500	3,000	0	1,750	0	0	2,500	25,250	0	0	0	1,250	1,875	5,250	4,250	500	0	75	3,050	12,115	0	601,408
30-80 All Other Costs	80,313	540	300	360	0	210	0	0	300	3,030	0	0	0	150	225	630	510	60	0	9	366	1,454	0	72,169
90 Interfund Pymnts for Service	267,709	1,800	1,000	1,200	0	700	0	0	1,000	10,100	0	0	0	500	750	2,100	1,700	200	0	30	1,220	4,846	0	240,563
<b>Total Direct Expenditures</b>	<b>2,677,091</b>	<b>18,000</b>	<b>10,000</b>	<b>12,000</b>	<b>0</b>	<b>7,000</b>	<b>0</b>	<b>0</b>	<b>10,000</b>	<b>101,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,000</b>	<b>7,500</b>	<b>21,000</b>	<b>17,000</b>	<b>2,000</b>	<b>0</b>	<b>300</b>	<b>12,200</b>	<b>48,460</b>	<b>0</b>	<b>2,405,631</b>

**AL TSA/Non-AL TSA Breakout Section**

	AL TSA	Non-AL TSA	Total
Percentage	8%	92%	100%
FTE	1.71	18.81	20.52
Funding	\$ 223,000	\$ 2,454,091	\$ 2,677,091

Correct  
Correct

(1) County General Revenue Appropriation to support Aging Admin, Case Management activities.

(2) Human Services Dept County budget appropriation expended in excess of County Aging Admin and Case Management appropriations plus support of other Human Services Department grants and programs

AREA AGENCIES ON AGING AREA PLAN BUDGET

AAA TOTAL DIRECT SERVICES WORKSHEET INCLUDING SUBCONTRACTED COSTS

AAA SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

PLEASE ENTER ALL SUBCONTRACTED COST BY FUNDING SOURCE ON LINE 30 BELOW

	TOTAL	OLDER AMERICAN'S ACT							NSIP	DSHS ALLOCATED					Matched by SCSA Local	Medicaid Transformation	SCSA	State Family Caregiver	Kinship Caregiver Support	Kinship Navigator	Senior Farmers Market	Other ALTSA Funding	Non - ALTSA Co General & Other	Non - ALTSA Co. Roads	Non - ALTSA Other HS Dept(*)		
		Title 3B	Title 3C1	Title 3C2	Title 3D	Title 3E	Elder Abuse Prevention	Core Svcs Contract Management		TXIX / MFP / Chore CMNS	Nurse Services DDA	Nurse Svcs Contracted With HCS	Contract Front Door														
<b>Full Time Equivalents:</b>																											
Total FTEs	99.80																										
<b>Direct Services:</b>																											
10 Salaries & Wages	5,626,915	106,826	33,673	38,691	0	39,117	0	0	350,042	4,090,365	0	0	0	175,542	240,930	135,311	164,198	5,948	0	682	48,359	196,092	1,140			1,491,491	
20 Personnel Benefits	2,676,873	48,137	15,031	17,255	0	17,613	0	0	159,340	1,972,111	0	0	0	84,602	109,515	62,870	74,340	2,648	0	301	21,835	90,755	520			601,408	
30-80 All Other Cost	554,835	44,716	2,228	2,553	0	2,650	0	0	24,429	306,345	0	0	0	13,136	26,785	18,558	43,793	52,601	0	44	3,262	13,653	80			72,169	
90 Interfund Pymnts for Service	1,116,833	23,619	7,266	8,327	0	8,632	0	0	79,420	786,023	0	0	0	33,720	54,570	27,599	36,745	1,274	0	143	10,294	38,943	260			240,563	
<b>Total Direct Expenditures</b>	<b>9,975,456</b>	<b>223,298</b>	<b>58,198</b>	<b>66,826</b>	<b>0</b>	<b>68,012</b>	<b>0</b>	<b>0</b>	<b>613,231</b>	<b>7,154,844</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>307,000</b>	<b>431,800</b>	<b>244,338</b>	<b>319,075</b>	<b>62,471</b>	<b>0</b>	<b>1,170</b>	<b>83,750</b>	<b>339,443</b>	<b>2,000</b>			<b>2,405,631</b>	
<b>Total Subcontracted Expenditures</b>	3,818,636	488,169	523,777	601,431	42,609	252,116	1,128	147,425	0	0	0	0	0	50,000	415,407	465,396	624,050	40,130	0	83,704	83,294					0	
<b>Total Other Subcontractor Resources</b>	1,384,774	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,274,774	110,000			0	
ALTSA/Non-ALTSA Breakout Section																											
<b>Total Expenditures<sup>1</sup></b>	<b>#####</b>	<b>711,467</b>	<b>581,975</b>	<b>668,257</b>	<b>42,609</b>	<b>320,128</b>	<b>1,128</b>	<b>147,425</b>	<b>613,231</b>	<b>7,154,844</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>357,000</b>	<b>847,207</b>	<b>709,734</b>	<b>943,125</b>	<b>102,601</b>	<b>0</b>	<b>84,874</b>	<b>167,044</b>	<b>1,614,217</b>	<b>112,000</b>			<b>2,405,631</b>	

<sup>1</sup> The Total Expenditures line shown above must equal the Grand Total line on the Expenditure/Revenue Detail By Funding Source worksheet.

ALTSA/Non-ALTSA Breakout Section

	ALTSA	Non-ALTSA	Total
Percentage	97%	3%	100%
FTE	78.69	21.12	99.80
Funding	\$ 9,634,013	\$ 341,443	\$ 9,975,456

Correct  
Correct

Reconciliation																								
Grand Total Line from Expenditure Detail	13,452,649	711,467	581,975	668,257	42,609	320,128	1,128	147,425	613,231	7,154,844	0	0	0	357,000	847,207	709,734	943,125	102,601	0	84,874	167,044	1,726,217		
Difference	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct	Correct
If error amount is due to rounding, ignore error amount	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Other HS Dept(\*): Human Services Dept County budget appropriation expended in excess of County Aging Admin and Case Management appropriations plus expended in support of other Human Services Department grants and programs

AREA AGENCIES ON AGING AREA PLAN BUDGET

**Family Caregiver Support Program - Number of Units and Persons Served**

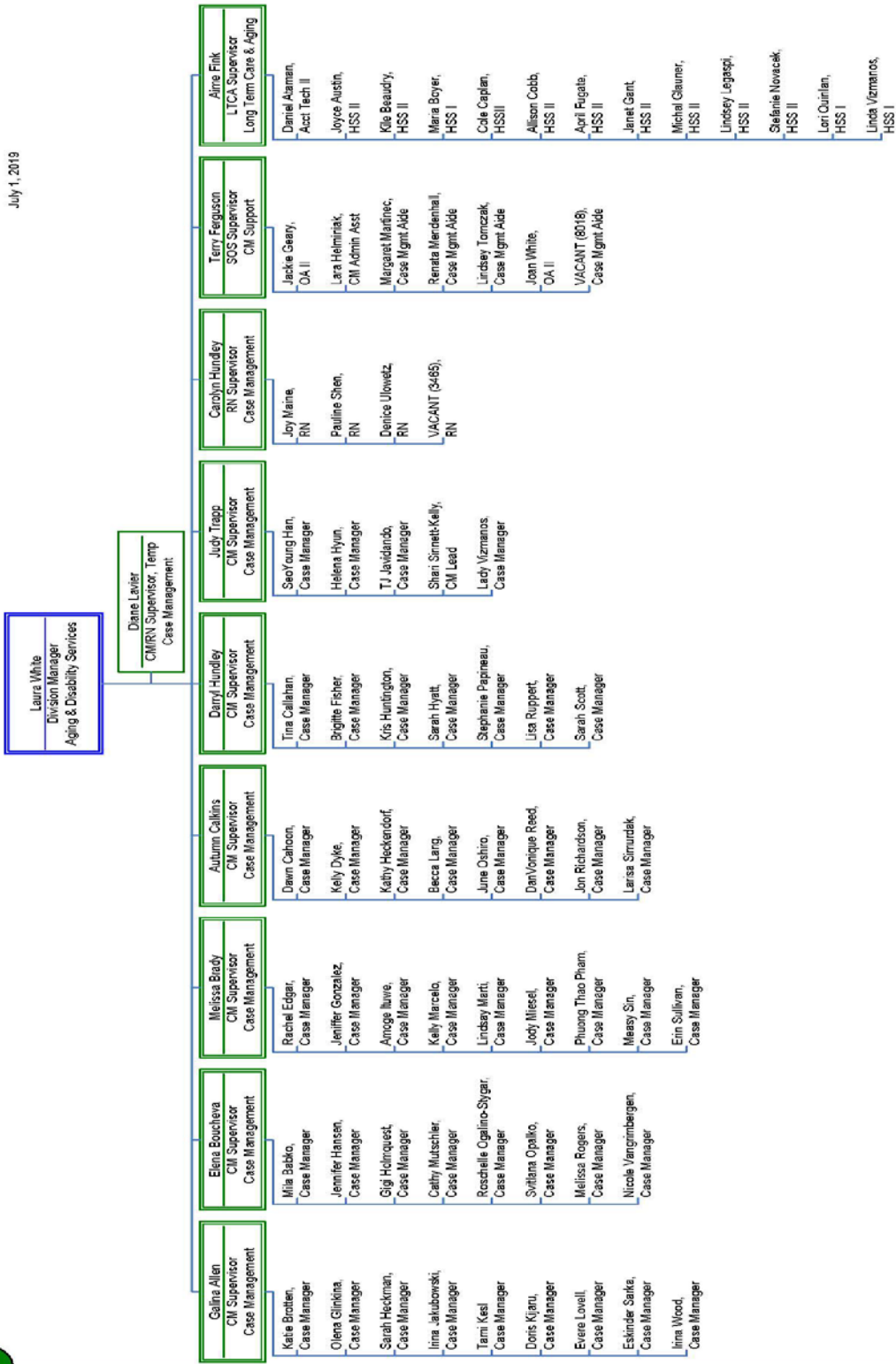
AAA: SNOHOMISH

BUDGET PERIOD: January 1 - December 31, 2020

.79 Family Caregiver Support Program	Contract or Direct	Number	Service Units	Persons Served
.79.1 Information Services	C/D	24	Outreach Activities	350
.79.2a Access Assistance				
	C/D	5,550	Contacts	2,500
	C/D	700	Screenings	700
	C/D	350	Assessment/Coordination/Care Plan	350
.79.2b Support Services				
	C	120	Counseling Sessions	12
	D	110	Training Sessions	100
	C	24	Support Group Sessions	450
.79.3 Respite Care Services	C	10,800	Hours	60
.79.4 Supplemental Services	C/D	550	Services/Hours/Units	100
.79.5 Services to Grandparents/Relatives				
.5.a Information Services	C	12	Outreach Activities	300
.5.b Access Assistance				
	C	475	Contacts	180
	D	125	Screenings	125
	0	0	Assessment/Coordination/Care Plan	0
.5.c Support Services				
	C	120	Counseling Sessions	12
	C	96	Training Sessions	12
	C	12	Support Group Sessions	48
.5.d Respite Care Services	0	0	Hours	0
.5.e Supplemental Services	0	0	Services/Hours/Units	0

# HSD Aging & Disability Services

July 1, 2019





## APPENDIX B

### Staffing Plan Effective January 1, 2020

POSITION TITLE	TOTAL STAFF Full time & Part time	POSITION DESCRIPTION
<b>Division Manager – Case Management &amp; Long Term Care &amp; Aging</b>  Laura White	1.0 FTE	<ul style="list-style-type: none"> <li>- Provide overall management of Division</li> <li>- Supervise Division staff</li> <li>- Liaison with Dept. Director, elected officials</li> <li>- Ensure coordination with partner agencies in the LTC system (HCS, APS, DDD for example)</li> <li>- Program planning and evaluation.</li> <li>- Coordinate legislative advocacy for Case Management issues in Snohomish County</li> </ul>
<b>Long Term Care &amp; Aging Planning and Admin Supervisor</b>  Aime Fink	0.45 FTE	<ul style="list-style-type: none"> <li>- Supervise Long Term Care &amp; Aging Planning and Administrative Staff</li> <li>- Oversee/provide staff support to Council on Aging, Finance &amp; Allocation and Executive committees</li> <li>- Ensure coordination, advocacy &amp; training activities within the Snohomish County Aging Network</li> <li>- Coordinate legislative advocacy for aging &amp; long term care issues in Snohomish County</li> <li>- Coordination, planning and implementation of Medicaid Transformation Project Demonstration</li> <li>- Monitor budget activities</li> <li>- Non Medicaid Contract Management</li> </ul>
<b>HS Specialist II</b>  Janet Gant Stefanie Novacek	2.0 FTE	<ul style="list-style-type: none"> <li>- Develop, negotiate and assess contract operations</li> <li>- Develop Area Plan on Aging and Updates to Plan</li> <li>- Complete planning and program development objectives, perform coordination, advocacy and training activities</li> <li>- Provide leadership for Aging Initiative in Snohomish County</li> <li>- Provide staff support to Council on Aging and other committees</li> <li>- Develop standard languages and process for contracts, RFP's RFQ's and monitoring</li> <li>- Provide technical assistance to contracted agencies</li> <li>- Coordinate educational lecture series</li> <li>- Organize and make arrangements for public meetings, hearings and forums</li> <li>- Non Medicaid Contract Management and Annual Monitoring</li> <li>- 7.01 Planning</li> </ul>

		<ul style="list-style-type: none"> <li>- MTPD back up assessor</li> <li>- NAPIS Oversight and Reporting</li> </ul>
<b>HS Specialist I</b>  Linda Vizmanos	1.0 FTE	<ul style="list-style-type: none"> <li>- Coordinate Council on Aging recruitment</li> <li>- Provide staff support to the Council on Aging and other committees</li> <li>- Implement Aging Services Network Management Information System</li> <li>- Assist in Quality Assurance of Contracting</li> <li>- Assist in completing planning and program development objectives, coordination, advocacy and training activities</li> <li>- Organize and make arrangements for public meetings, hearings and forums</li> <li>- Manage various division databases</li> <li>- Assist in RFP/RFQ process</li> <li>- Provide assistance with logistics for legislative advocacy activities</li> <li>- Assist in preparing Area Plan and Plan updates</li> <li>- Provide support in developing division publications and website materials</li> <li>- Assist with NAPIS oversight and reporting</li> </ul>
<b>Registered Nurse/Case Management Supervisor</b>  Darryl Hundley Carolyn Hundley Judy Trapp Autumn Calkins Galina Allen Melissa Brady Elena Boucheva	7.0 FTE	<ul style="list-style-type: none"> <li>- Clinical and programmatic supervision of nursing &amp; case management staff</li> <li>- Monitor &amp; assure compliance with case management &amp; nursing state program standards</li> <li>- Assist in developing &amp; implementing program policies &amp; procedures</li> <li>- Provide consultation &amp; case backup</li> </ul>
<b>Home Care Contract Management (HCCM) Supervisor</b>  Aime Fink	0.15 FTE	<ul style="list-style-type: none"> <li>- Maintain a network of agency providers to support client's choice of in-home, community based care</li> <li>- Supervise staff responsible for home care contracts</li> <li>- Monitor &amp; assure compliance with state program standards</li> <li>- Assist in developing &amp; implementing program</li> </ul>
<b>HS Specialist II Home Care Contract Management</b>  Joyce Frasu Kile Beaudry	2.0 FTE	<ul style="list-style-type: none"> <li>- Maintain a network of agency providers to support client's choice of in-home, community based care</li> <li>- Open application tracking and management</li> <li>- Maintain Contracts, renew and execute contracts, monitor contracts annually</li> <li>- Maintain rate sheet, provide fall provider networking event, statement of work meetings and formatting</li> <li>- Development of monitoring tools</li> </ul>

<b>HS Specialist I</b>  Lori Quinlan Maria Boyer	1.8 FTE	<ul style="list-style-type: none"> <li>- Maintain database used to reconcile payments made to contracted providers verses reimbursement received from the state</li> <li>- Generate reports used by Supervisor and Fiscal Division in reconciliation process</li> <li>- Assist HSSIs to monitor contracts with a concentration on the fiscal components</li> </ul>
<b>Office Assistant II</b>  Daniel Ataman	0.50 FTE	<ul style="list-style-type: none"> <li>- Process Agency worker training bills—check for compliance and make payments in accordance with agency compliance</li> <li>- Service Record data for respite in CLC GetCare and process billings in Respite Access Database</li> <li>- Process and pay interpreter service billings</li> </ul>
<b>Lead Case Manager</b>  Shari Sinnet-Kelly	1.0 FTE	<ul style="list-style-type: none"> <li>- Fair Hearing Coordinator (.25 FTE Est.)</li> <li>- Assist RN/CM Supervisors in staff training and development of program policies and procedures.</li> <li>- Responsible for managing a caseload of older and disabled adults. Maintain accurate client and service data. (.75 FTE Est. Case-handling)</li> </ul>
<b>Registered Nurse</b>  Joy Maine Denice Ulowitz Pauline Shen (Vacant RN)	4 FTE	<ul style="list-style-type: none"> <li>- Responsible for managing a caseload of medically complex older and disabled adults. Maintain accurate client and service data.</li> <li>- Upon referral from Case Managers, provide nursing services including consultation or home visit assessment, client training and care coordination.</li> <li>- Assist functionally impaired adults to obtain &amp; effectively use necessary support services to maintain maximum independence</li> <li>- Conduct a comprehensive client assessment and develop, implement, authorize &amp; monitor client service plans</li> </ul>
<b>Case Manager</b>  Evere Lovell Kelly Dyke Christina Callahan Erin Sullivan Doris Kijaru Lindsay Marti Melissa Rogers Kathy Heckendorf Catherine Mutschler Roschelle Ogalino-Stygar Kelly Marcelo Katie Brotten	45 FTE	<ul style="list-style-type: none"> <li>- Responsible for managing a caseload of older and disabled adults. Maintain accurate client and service data.</li> <li>- Assist functionally impaired adults to obtain &amp; effectively use necessary support services to maintain maximum independence</li> <li>- Conduct a comprehensive client assessment and develop, implement, authorize &amp; monitor client service plans</li> <li>- Coordinate with DSHS and aging network service providers</li> </ul>

<p>Helena Hyun Irina Wood Jon Richardson Phuong Thao Pham Lady Abigail Vizmanos Kristin Huntington Dawn Cahoon Eskinder Sarka Brigitte Fisher Olena Glinkina Jennifer Gonzalez Seoyoung Han Jennifer Hansen Sarah Hyatt Amoge Ituwe Tami Kesl Rebecca Lang Svitlana Opalko Stephanie Papineau Danvonique Reed Sarah Scott Measy Sin Larisa Simurdak Gigi Holmquest Irina Jakubowski June Oshiro Lisa Ruppert Mila Babko Nicole VanGrimbergen Rachel Edgar Sarah Heckman Teresita Javidando (Vacant CM)</p>		
<p><b>Case Aide</b></p> <p>Lindsey Tomczak Renata Mendenhall Margaret Martinec (Vacant Case Aide)</p>	<p>4 FTE</p>	<ul style="list-style-type: none"> <li>- Assist in implementing &amp; monitoring case management &amp; respite service plans under the direction of case management &amp; nursing staff</li> <li>- Complete contracting activity with independent care providers, facilitate and monitor caregiver compliance with mandatory training.</li> </ul>
<p><b>FCSP/MTPD Supervisor</b></p> <p>Aime Fink</p>	<p>0.40 FTE</p>	<ul style="list-style-type: none"> <li>- Supervise staff responsible for FCSP Respite and Supplemental Services and MTPD</li> <li>- Monitor &amp; assure compliance with state program standards</li> <li>- Assist in developing &amp; implementing programming</li> <li>- Development and implementation of FCSP, KCSP, MTPD Marketing Plan</li> <li>- Non Medicaid Contract Oversight</li> </ul>

<b>FCSP/MTPD Specialists</b>  Michal Glauner Cole Caplan April Fugate Allison Cobb Lindsey Legaspi	4.875 FTE	<ul style="list-style-type: none"> <li>- Coordinate planning, operation &amp; evaluation of respite and supplemental services</li> <li>- Conduct eligibility screening, care assessment, service planning &amp; follow-up for respite care services</li> <li>- Plan &amp; conduct community outreach &amp; awareness of the FCSP, KCSP and MTPD programs</li> <li>- Non Medicaid Contract Management and Annual Monitoring</li> <li>- Management of MTPD cases</li> </ul>
<b>Support Staff Supervisor</b>  Terry Ferguson	1.0 FTE	<ul style="list-style-type: none"> <li>- Train and supervise support staff responsible for phones, client record management and data base maintenance tasks for Case Management/RN programs.</li> <li>- Assist in developing &amp; implementing program policies &amp; procedures.</li> <li>- Function as Public Disclosure officer for Case Management Division.</li> <li>- Generate reports from Program databases.</li> <li>- Performs administrative support functions for Case Management Division staff.</li> </ul> (FTE includes est.0.5 FTE CM case-handing tasks)
<b>Case Management Administrative Assistant</b>  Lara Helminiak	1.0FTE	<ul style="list-style-type: none"> <li>- Tracks expiring Provider Contracts, generates new contract and follows through to completion to insure compliance.</li> <li>- Tracks expiring Provider Criminal History Background Checks, generates renewal request and follows through to completion to insure compliance.</li> </ul>
<b>Office Assistant II</b>  Joan White Jackie Geary	2.0FTE	<ul style="list-style-type: none"> <li>- Perform data entry, client file maintenance, telephone reception and general clerical functions for the Case Management Division.</li> </ul>

Total Number of Full Time Equivalents: 79.300 (including 3 vacant positions)  
Total Number of Staff: 80 (includes 3 vacant positions)

**Administrative Services:** The Snohomish County Human Services Department (HSD) operates on a centralized model in order to meet the administrative needs of all programs. Programs are assigned percentages of time for various administrative staff and charged a flat fee. However, programs may be charged additional money if they exceed their projected percentage of administrative staff time. Administrative positions within the Administrative Services pool include the Human Services Director, Administrative Assistant, Division Manager, Business Application Programmer, Network Administrator, Fiscal Supervisor, Financial Compliance Officer, Grant Accountant, Contracts Coordinator, Senior Secretary, and Office Assistants I and II.

## APPENDIX C

### Emergency Response Plan

The Snohomish County Comprehensive Emergency Management Plan (SC-CEMP) establishes an all-hazards approach to enhance the County's ability to manage emergencies and disasters. Its purpose is to save lives; protect public health, safety, property, the economy, and the environment; and foster a return to a normal way of life. The SC-CEMP was developed through collaborative efforts of the Snohomish County Department of Emergency management, other Snohomish County departments, public safety agencies, the participating municipalities of Arlington, Darrington, Gold Bar, Granite Falls, Index, Lake Stevens, Marysville, Monroe, Snohomish, Stanwood, Sultan, and the Tulalip and Stillaguamish Tribal Communities, appropriate subject matter experts, and volunteer organizations.

It assigns responsibilities to organizations and individuals for carrying out specific actions at projected times and places during an emergency that exceeds the capability or routine responsibility of any one agency; sets forth lines of authority and organizational relationships and shows how multi-agency actions will be coordinated; describes how people and property are protected; identifies personnel, equipment, facilities, supplies, and other resources available – within the jurisdiction or by agreement with other jurisdictions; reconciles requirements with other jurisdictions; and identifies steps to address preparedness and mitigation concerns.

The Division Manager for Aging and Disability Services is the designated Snohomish County Area Agency on Aging (AAA) staff person to oversee planning tasks and determine how emergency management is carried out in Snohomish County.

The AAA has established working relationships with Snohomish County Department of Emergency Management, American Red Cross, Salvation Army and other relief organizations, Snohomish County Health District, Community Transit, Mental Health organizations, community organizations active in disasters, all local fire departments in County, law enforcement and emergency medical services.

The AAA participates in plan development, drills, exercises and other preparedness activities.

The purpose of the Snohomish County training and exercise program is to guide the Department's training and exercise efforts in a manner that focuses on maintaining or improving core capabilities. It is representative of the natural progression of training and exercises outlined by the Homeland Security Exercise and Evaluation Program (HSEEP) Progressive Exercise Cycle approach. It is intended to enhance consistency in exercise conduct and evaluation while ensuring exercises remain a flexible, accessible way to improve our preparedness across the nation. HSEEP uses a common methodology for planning and conducting individual exercises. This methodology applies to exercises in

support of all national preparedness mission areas. A common methodology ensures a consistent and interoperable approach to exercise design and development, conduct, evaluation, and improvement planning.

The four phases of HSEEP cycle include Design and Development, Conduct, Evaluation, and Improvement Planning; each of which is described below:

1. **Design and Development.** In designing and developing individual exercises, exercise planning team members are identified to schedule planning meetings, identify and develop exercise objectives, design the scenario, create documentation, plan exercise conduct and evaluation, and coordinate logistics.
2. **Conduct.** After design and development activities are complete, the exercise is ready to occur. Activities essential to conducting individual exercises include preparing for exercise play, managing exercise play, and conducting immediate exercise wrap-up activities.
3. **Evaluation.** Evaluation is the cornerstone of an exercise and must be considered throughout all phases of the exercise planning cycle, beginning when the exercise planning team meets to establish objectives and initiate exercise design. Effective evaluation assesses performance against exercise objectives, and identifies and documents strengths and areas for improvement relative to core capabilities.
4. **Improvement Planning.** During improvement planning, the corrective actions identified during individual exercises are tracked to completion, ensuring that exercises yield tangible preparedness improvements. An effective Corrective Action Program (CAP) develops Improvement Plans that are dynamic documents, which are continually monitored and implemented as apart for the larger system of improving preparedness.

Snohomish County AAA has developed criteria to identify high-risk clients in the community. The criteria include individuals who live alone and lack family or informal support AND fall into one of the following categories:

1. Have conditions such as dementia, are insulin dependent, or cannot transfer without assistance from bed or chair, etc.
2. Are technologically dependent, for example, clients who use a respirator;
3. Are in a geographically remote area;
4. Have impaired ability to communicate or seek help;
5. Isolates from – or is unknown to – neighbors; or
6. General frailty/vulnerability.

Each Case Management staff has been trained on Office Priorities in an Emergency with Limited Staff. Each staff has been given a Snohomish County Case Management Program Emergency Information card with instructions on how to proceed:

- Answer 7296 and the Supervisor's cell phone;
- Note staff as in/out on the sign out log;
- Call out of area# for staff updates;
- Call clients on the vulnerable list (clipboard);
- Call Home Care Agencies for operation status;
- Call HCS officers to determine if open as alternative worksite;
- Call Red Cross for client evacuation options; and
- Call Out of Area Emergency Work Contact (Southeast WA Aging and LTC is our designated contact).

Snohomish County Human Services has a Continuity of Operations Plan (COOP) which includes an internal Business plan. The COOP has a system in place to track unanticipated emergency response expenditures for possible reimbursement. The COOP includes Essential Functions. Essential Functions are defined in Federal Preparedness Circular-65 and are those functions provided by Snohomish County Human Services Department (HSD) that must continue with no or minimal disruption of service. On a daily basis, HSD provides services to the citizens of the county and participating cities that would normally fall under the listing of non-essential functions.

HSD's essential functions are listed below:

- Accounts Payable;
- Department Payroll;
- Staff Communication;
- Contract Processing;
- Client Emergency Vouchers/Repairs;
- Client Case Management Services; and
- Involuntary Treatment Services.

### **Other Issue Area – Community First Choice Option (CFC)**

Community First Choice, also referred to as CFC, is a new state plan benefit that was established by the Affordable Care Act (ACA). CFC was implemented statewide on July 1, 2015.

The program is designed to allow clients more options and more choice. The benefits of this program are the additional array of services available that may be added for clients who, before, would have only been eligible to receive personal care. In addition to the



added benefits, the State also received a larger match from the Federal Government for any services provided under this option.

CFC works with the client to create a person centered service plan to help with decisions about which services and supports they wish to receive. Clients have a choice about where they want to live. The AAA Case Manager will do an assessment to help clients determine what services they may be eligible to receive. During the assessment clients will develop their person centered service plan.

Services that are available are:

- Help with personal care tasks;
- Personal Emergency Response Systems;
- Relief Care;
- Skills Acquisition Training;
- Assistive Technology; and
- Training on how to select, manage, and dismiss your personal care providers.

Why Change?

- A richer benefit package provides more support to clients in community based settings;
- Relocation out of institutional care is supported;
- Client choice and flexibility is supported; and
- CFC helps build a sustainable future by providing services that leverage federal funds while allowing clients more flexibility.

**APPENDIX D**  
**Area Agency on Aging Advisory Council Membership**  
**(as of July 1, 2019)**

NAME	COUNCIL DISTRICT
Susan Baker	1
Vic Battson	3
James Cox	5
Roland Hoefer	5
Dianne Klem	2
Deborah Lewis	1
Karen Rosebaugh	4
Keith Smith	3
Mee Ran Sung	4
John Tam	2
Dennis Wheeler	3

Current members: 11

Total number of minority: 3

Total number age 60 or over: 9

Total number self-indicating a disability: 2



**APPENDIX E**

**PUBLIC PROCESS**

**SNOHOMISH COUNTY COUNCIL ON AGING**

**AREA PLAN SURVEY**

Public Process Summary: Survey was advertised in a Snohomish County press release. Survey was available in hard copy throughout the aging network and as an online survey. In addition, the survey was translated into Korean and Spanish. A special thank you to Nancy Santos at Homage Senior Services for the Spanish translation and to Mee Ran Sung, Council on Aging Member, for the Korean translation. Bilingual aging network bilingual workers collaboratively filled out survey with clients in the following languages: Ilocano, Farsi, Swahili, Korean, Cambodian, Russian, Ukrainian, Vietnamese, Tagalog, Japanese, Ibo, Yoruba, French, Amharic, Oromo, and German.

I live in Snohomish County:  Yes  No My zip code is:  
\_\_\_\_\_

Do you have a disability?  Yes  No

Gender:  Male  Female  Transgender  
 Other

Do you identify as (select all that apply):  White/Caucasian  Native American  Hispanic, Latino/a, or Spanish origin  Asian  Pacific Islander  Black or African American or African  Middle Eastern

\*\*\*\*\*

How old are you?  18-59 years old  60-69 years old  70-79 years old  
 80-89 years old  90 years or older

\*\*\*\*\*

\*

1. In your opinion, what are your top **three** needs as an older adult?

- a. Enough food
- b. Access to health care
- c. Housing
- d. Transportation
- e. Socialization
- f. Dental care
- g. Hearing aids
- h. Knowing whom or where to call when I have a problem
- i. Vision care and eye glasses/contacts
- j. Enough money to pay for basic needs such as food, utilities, housing, and medicines
- k. Other (please list): \_\_\_\_\_

2. Do you currently provide help for an adult (18+ years old) family member, friend or neighbor?  Yes  No

3. As an older adult (60 years and older), do you have the primary responsibility for raising a grandchild or other family member who is under the age of 18 years old?  Yes  No

4. What is your biggest transportation challenge?

- a.  Not comfortable driving/cannot drive
- b.  Cannot afford gas, parking, insurance, and other costs associated with a car
- c.  Cannot afford taxi/private transportation
- d.  Do not have someone to drive me
- e.  No bus service in my area
- f.  Not familiar with transportation services that are available
- g.  Do not know who to call for help
- h.  Do not like having to rely on others for transportation
- i.  Other

5. What is your current housing arrangement?

- a.  Live alone
- b.  Live with spouse/partner
- c.  Live with non-family

- d.  Live with adult children
- e.  Live with other family members (sibling, aunt, uncle, etc).
- f.  Unsheltered/homeless
- g.  Other

6. During the past year, did you run out of money to buy food?  Yes  
 No

7. "Healthy Aging" can be described as being free of disease, functioning at a high physical and cognitive level, and being socially engaged and productive as you age. What do you need easy access to in order to age in a healthy manner?

---

---

---

---

8. What do you think other older adults need access to in order to age in a healthy manner?

---

---

---

---

---



## APPENDIX E

### PUBLIC PROCESS

#### SNOHOMISH COUNTY COUNCIL ON AGING

#### AREA PLAN SURVEY METHODOLOGY AND RESULTS

##### **Introduction**

The Snohomish County Council on Aging developed the Area Plan Survey and in collaboration with Long Term Care and Aging and local senior centers, distributed the survey throughout the aging network.

##### **Methodology**

The survey was made available to the public via: email to aging network community partners, advertisement in a Snohomish County press release, link on Snohomish County Long Term Care and Aging website and hard copies available throughout the aging network. In addition, the survey was translated into Korean and Spanish. Aging network bilingual workers collaboratively completed surveys with clients in the following languages: Ilocano, Farsi, Swahili, Korean, Cambodian, Russian, Ukrainian, Vietnamese, Tagalog, Japanese, Ibo, Yoruba, French, Amharic, Oromo, and German.

Snohomish County Senior Centers, Homage Aging and Disability Network, Council on Aging partnership outreach events, Alzheimer's Association Family Caregiver Program, Stillaguamish Family Caregiver Program, Homage Family Caregiver Program, Snohomish County Case Management, Snohomish County Medicaid Transformation Project Demonstration, senior residences, Sno-Isle Libraries, Everett Housing Authority, Housing Authority of Snohomish County and other community partners. The survey was available online April 1, 2019 and closed May 15, 2019 and hard copies of the surveys were accepted until May 31, 2019. No incentives were provided for survey completion.

##### **Results**

The survey was distributed as hard copies and available online to all residents of Snohomish County. 2,138 responded to the survey.

I live in Snohomish County: 89.24% Yes 10.57% No 0.19% Unknown

My zip code is: LTCA received surveys from all Snohomish County zip codes plus zip codes outside the county.

Do you have a disability? 28% Yes 70% No 2% Unknown

Gender: 28.5% Male 70.9% Female 0% Transgender  
.06% Other or Unknown

Do you identify as (select all that apply): 80.7% White/Caucasian 2.9%  
Native American 2.1% Hispanic, Latino/a, or Spanish origin 6.8% Asian  
0.2% Pacific Islander 2.5% Black or African American or African  
0.9% Middle Eastern 2 or More Races 2.9% 1.0% Unknown

\*\*\*\*\*

How old are you? 10.5% 18-59 years old 24.4% 60-69 years old 38.1%  
70-79 years old 21.4% 80-89 years old 4.6% 90 years or older 0.6%  
Other or Unknown

\*\*\*\*\*

\*

1. In your opinion, what are your top **three** needs as an older adult?

- |   |  |
|---|--|
| a. Enough food 13.2%                          | b. Access to health care 40.3%   |
| c. Housing 32.9%                              | d. Transportation 24%  |
| e. Socialization 32.5%                        | f. Dental care 23%   |
| g. Hearing aids 7.2%                          | h. Knowing whom or where to call when I have a problem 18.*%                                 |
| i. Vision care and eye glasses/contacts 17.3% | j. Enough money to pay for basic needs such as food, utilities, housing, and medicines 37.4% |
| k. Other (please list): _____                 |  |

2. Do you currently provide help for an adult (18+ years old) family member, friend or neighbor? 24% Yes \_\_\_No

3. As an older adult (60 years and older), do you have the primary responsibility for raising a grandchild or other family member who is under the age of 18 years old? 3% Yes \_\_\_No
4. What is your biggest transportation challenge?
- a. 12.8% Not comfortable driving/cannot drive
  - b. 14.7% Cannot afford gas, parking, insurance, and other costs associated with a car
  - c. 0% Cannot afford taxi/private transportation
  - d. 5.7% Do not have someone to drive me
  - e. 8.0% No bus service in my area
  - f. 9.2% Not familiar with transportation services that are available
  - g. 4.3% Do not know who to call for help
  - h. 17.1% Do not like having to rely on others for transportation
  - i. 0% Other
5. What is your current housing arrangement?
- a. 34.8% Live alone
  - b. 39.90% Live with spouse/partner
  - c. 3.3% Live with non-family
  - d. 5.94% Live with adult children
  - e. 3.27% Live with other family members (sibling, aunt, uncle, etc).
  - f. 0.84% Unsheltered/homeless
  - g. 11.79% Other
  - h. 0.33% Unknown
6. During the past year, did you run out of money to buy food?  
10.24% Yes 80.82% No 8.93% Unknown

Note: Results from survey questions 7 and 8 are included in Appendix E.3.





**2020 – 2023 Area Plan on Aging**

**APPENDIX E**

**Public Process**

**Snohomish County Council on Aging**

**Area Plan Survey Executive Summary**

**E.3**

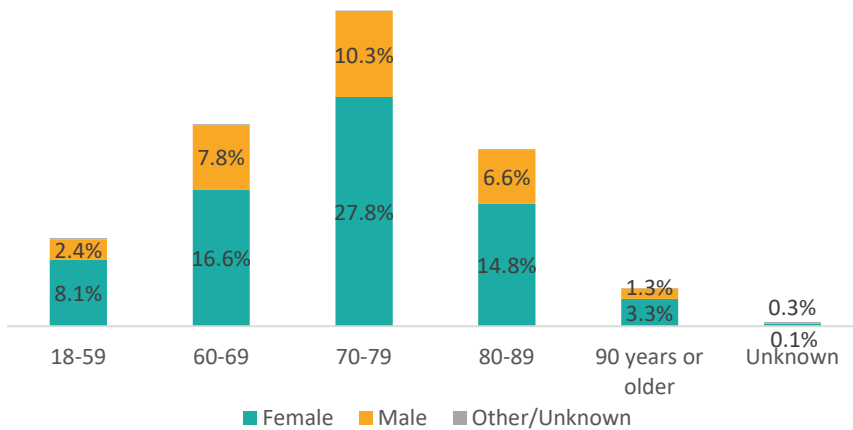
# 2019 Council on Aging Survey Area Plan Survey Executive Summary

## Introduction:

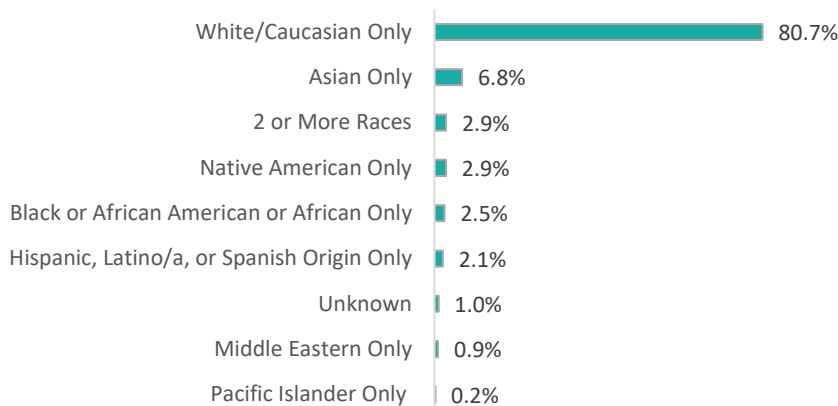
A total of **2,138** respondents completed the Council on Aging (COA) survey. The survey was open from approximately March 31<sup>st</sup> through June 30<sup>th</sup>, 2019. The survey captured demographics, top needs identified for older adults, transportation challenges, and solicited feedback from older adults on what's needed in the community to age in a healthy manner.

## Demographics:

Age and Gender



Race



## Demographics

### Age and Gender

- **70.9%** were female
- **28.5%** were male
- **.6%** were other or unknown
- **84%** were between the ages of 60 and 89 years

### Disability

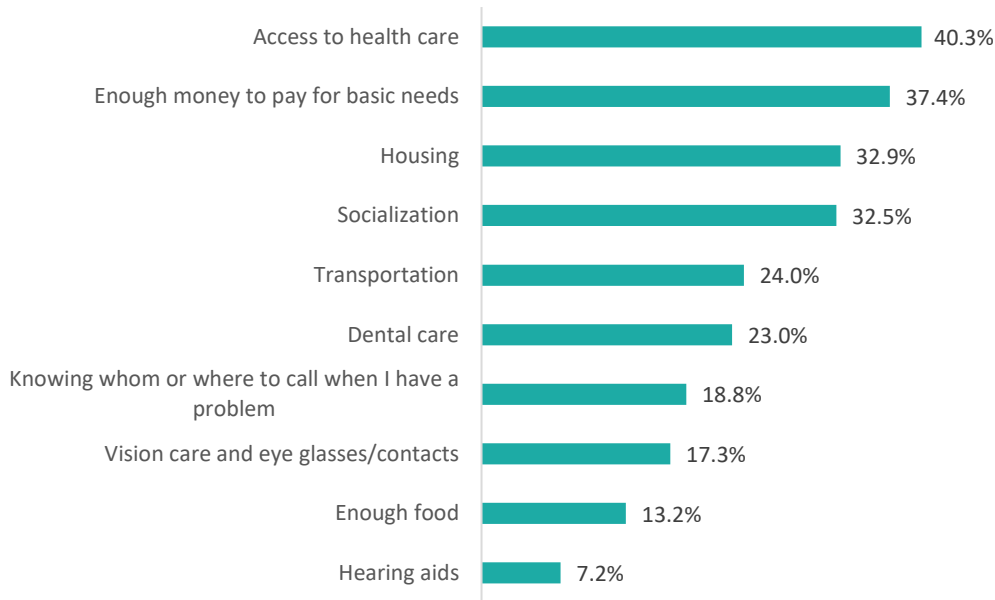
- **28%** indicated they were living with a disability

### Household Characteristics

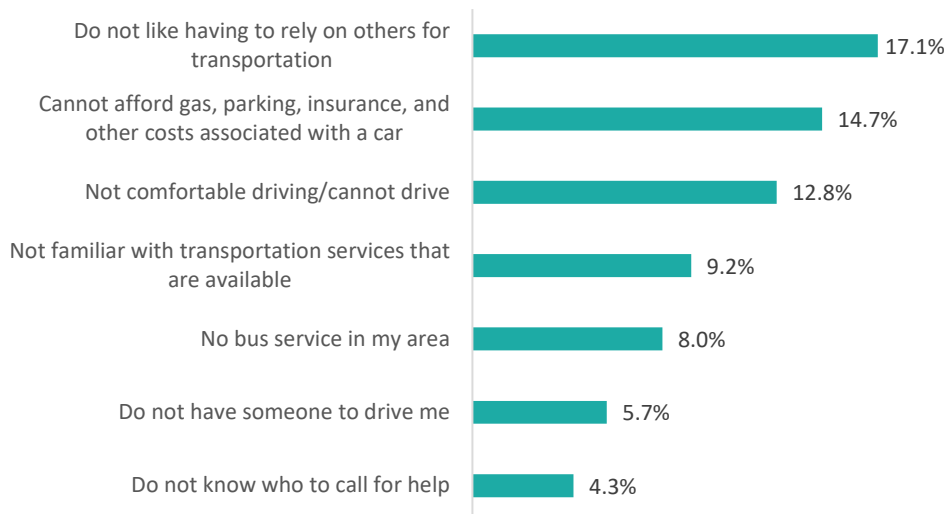
- **24%** indicated they were currently providing help for an adult family member, friend or neighbor
- **3%** have the primary responsibility of raising a grandchild or other family member who is under the age of 18
- **39.9%** live with their spouse/partner
- **34.8%** live alone
- **5.9%** live with their adult children

## Needs and Transportation Challenges:

### Top Needs Identified



### Biggest Transportation Challenges



### Needs

#### Top needs identified for older adults:

- Access to health care
- Having enough money to pay for basic needs such as food, utilities, housing and medicines
- Housing
- Socialization

#### The following needs were identified at a higher percentage in these areas of the county:

- Housing in Northern county area
- Food and Dental care in the Central county area
- Access to health care in the Southern county area
- Transportation in the Eastern county area

### Transportation Challenges

#### Other transportation challenges identified by older adults:

- Traveling at night
- Traveling long distances
- Not having enough accessible public transportation

## Aging in a Healthy Manner:

Respondents were asked what was needed for them and others to age in a Healthy Manner. “Healthy Aging” was described to them as being free of disease, functioning at a high physical and cognitive level, and being socially engaged and productive as they age. The illustrations below highlight words that were frequently used in the narrative responses. Additionally, the responses were grouped into themes that are bulleted below.



### Identified Themes

- Access to healthy activities*
- Access to affordable healthcare*
- Access to dental care*
- Socialization opportunities*
- Affordable and safe housing*
- Transportation*
- Advocacy for people who are isolated*

### What’s needed for me and others to age in a healthy manner:

- **Access to healthy activities**
  - Nutrition education
  - More accessible pool and fitness areas
  - Safe places to walk
- **Access to affordable healthcare**
  - Lower medication costs
  - Transportation to medical care
  - More healthcare options to select
- **Access to dental care**
- **Socialization opportunities**
  - Access to community, friends and others
  - More opportunities to connect and stay engaged
  - More opportunities to be productive in the community
  - More cultural opportunities to connect to
  - Companionship
- **Affordable and safe housing**
  - Financial assistance to stay in own home
  - Assistance with home repair
  - Housing that allows pets
  - Safer setup (e.g. no stairs, grab bars and good lighting)
- **Transportation**
- **Advocacy for people who are isolated**



## **APPENDIX E**

### **PUBLIC PROCESS**

#### **FOCUS GROUPS**

Public Process Summary: Six (6) focus groups were conducted with individuals with the experience of being an unpaid caregiver to an older adult or a person with disabilities. Focus groups were conducted at the following locations: Stillaguamish Senior Center, Alzheimer's Association (Lynnwood), Center for Healthy Living (Homage), Carl Gibson Senior Center, and Snohomish County Campus (Human Services Department). Focus group opportunities were advertised in collaboration with aging network partners. Two of the focus groups were completed in partnership with aging network bilingual staff to obtain feedback from focus group participants whose first languages are Spanish and Korean. The focus group was conducted as a strength based, interactive group process.

#### **FOCUS GROUP DISCUSSION POINTS**

1. What do you do for you? (self-care)
2. Tell me about a time when you felt proud as a caregiver.
3. Have you used a service or do you know someone who has used a service that was helpful?
4. What resources should be on this table? (Participants named services and supports on Post-It Notes and placed them on a table and then were asked to identify service and supports needs not available on the table.)
5. What three resources would you pick for yourself? (Participants were asked to name the three most important services and supports.)
6. What resources do you think are most important for caregivers? (Participants were asked to name the most important services and supports for caregivers as a whole.)
7. What resources do you think are the hardest to access? (Participants were asked to name what services and supports are the most difficult to access.)

8. What is one gift you would give to other caregivers? (Participants were asked to share their wisdom and lessons learned through their caregiving experience.)



## APPENDIX E

### PUBLIC PROCESS

#### FOCUS GROUPS PROCESS AND RESULTS

##### Introduction

Six (6) focus groups were conducted with individuals with the experience of being an unpaid caregiver to an older adult or a person with disabilities. The purpose of the focus groups was to elicit feedback from unpaid caregivers about successful services and supports available in the community. In addition, focus group participants were asked to identify service and support gaps in the community.

##### Methodology

Focus groups were conducted at the following locations: Stillaguamish Senior Center, Alzheimer's Association (Lynnwood), Center for Healthy Living (Homage), Carl Gibson Senior Center, and Snohomish County Campus (Human Services Department). Focus group opportunities were advertised in collaboration with aging network partners. Two of the focus groups were completed in partnership with aging network bilingual staff to obtain feedback from focus group participants whose first languages were Spanish and Korean. The focus groups were conducted as strength based, interactive group processes.

##### Results

Six focus groups were conducted in Snohomish County and 50 participants completed the group process.

#### FOCUS GROUP DISCUSSION POINTS AND DATA

1. What do you do for you? (self-care)

##### DATA

- *Social time, Weekends away with friends*
- *Nothing. Wants to exercise.*
- *Kindle, Reading, napping*
- *Spends time with husband. Sits outside by the fire.*

2. Tell me about a time when you felt proud as a caregiver.

*DATA*

- *Never thought of it before. Parent fell and injured herself and participant was able to advocate for mom and get her to Dr. office to be examined. Nobody would have taken her mom if the participant hadn't.*
- *Advocated for dad to be put in rehabilitation facility when PT did not think that was needed.*
- *Caregiver remodeled basement and sold moms house for mom to come live with her in a safe place where she is comfortable. Caregiver stated "I'm at peace because she is comfortable in my home"*
- *Got parents to agree on moving in to an assisted living complex after months of disagreement.*
- *Caregiver connected to ADRN and connected her kids to a community of kids with similar experiences. Taught her kids their role as caregivers for her son (their disabled sibling). Has a plan for her children's life to ensure they are cared for. Is at peace with the idea that the plan is focused on her children's needs and wishes, not on her own.*
- *Caregiver sat down with aging wife on hospice to have hard conversations about her end of life choices, including her possessions and her ashes.*
- *Proud that spouse trusts him with her care. Proud that God trusts with with the responsibility of caregiving for his wife.*
- *When she received acknowledgement and praise from family. Feeling that pursuing naturalpathic medicine helped prolong life.*



3. Have you used a service or do you know someone who has used a service that was helpful?

*DATA*

- *Minor Home Repair*
- *Social Worker at UW Medical Center*
- *Hospice*
- *Alzheimer's Association, Dementia Roadmap*
- *ARC of Snohomish County*
- *Hospice, homecare agencies for overnight relief, help from neighbors, help from colleagues at work. Hospital social worker helped connect to resources such as nursing facilities long term care programs.*
- *Respite providers, Home Care Agencies, Homage, Center for Independent Living, Personal Emergency Response Systems (PERS), WaHelp, 211, FCSP, Transportation, A Place for Mom, Getyourshitttogether.com, My 5 Wishes, ADRC (Community Living Connections), DDA, Meals on Wheels, VA, Senior Center, Accessible Housing, HCS, Smart911, Service for Financially 'In-Between', 911, EMS, TBI Resource Center, NAMI, HCBS*

4. What resources should be on this table? (Participants named services and supports on post its and placed them on a drawn table on poster paper and then were asked to identify service and supports needs not available on the table)

*DATA*

- *Bastyr University, Alz, friends, family, neighbors, PERS, education for caregivers, ADRN, Naturopathic Doc, memory café, momentia, elderwise, church, participation in research studies, support groups, transportation, counselors, MHR, resource counselor/guide, library, visiting angels, respite care, LTC, home care agencies, HDM, selfcare*

*awareness/self care, caregiver hotline, financial planner, homage, doctor, education for families (tailored for family or support team)*

5. What 3 resources would you pick for yourself? (Participants were asked to name the three most important services and supports)

*DATA*

- *Minor Home Repair, Home Care Agency, Meals on Wheels*
- *ADRC - options counselor, Transportation Services for wheelchairs that go longer distances with less transfers, Shopping services for those that do not qualify by income*
- *Cabulance that ran 24/7 and did not have cutoff time of 5pm. Understanding Doctors and Nurse Practitioners who do home visits. More training and awareness of medical staff and providers to focus on client choice and wellness, rather than placement.*
- *Respite for Groceries, Home Care for Medication Management, Medical Social Worker*
- *ARC of Snohomish County for caregiver support group and community of other caregivers, Center for Independent Living, DDA*
- *Hospice 24 hour service. Home Care Agencies for respite. Senior Centers for resources like meals on wheels and lending closets.*

6. What resources do you think are most important for caregivers? (Participants were asked to name the most important services and supports for caregivers as a whole)

*DATA*

- *100% Health Care Coverage*
- *Affordable housing/ affordable senior housing*
- *Friends and family*
- *Momentia*

- *Church*
- *Home Care agencies*
- *Support groups*
- *Korean speaking outreach workers who can help coordinate services and connect with resources*
- *Transportation, transportation to medical appointments, specifically Korean speaking coordinators for trip planning, and more stops closer to clients homes*
- *Translated information (government letters, ballots and voting information, building notices, etc.)*

7. What resources do you think are the hardest to access? (Participants were asked to name what services and supports are the most difficult to access)

*DATA*

- *Translated materials*
- *Transportation*
- *100% Health care coverage*
- *Korean speaking staff and outreach*
- *Housing*
- *Long Term Care Services*
- *Self care*
- *Naturopathic wellness with financial assistance/insurance*
- *Education for families/support team*
- *More ethnic meal options and meal sites and in home delivered meals*

8. What is one gift you would give to other caregivers? (Participants were asked to share their wisdom and lessons learned through their caregiving experience)

*DATA*

- *Don't do it alone, ask for help.*
- *Let go of anger for unproductive family members - mediation for family. Breath. Ask for help. Self advocate*
- *Take care of yourself*
- *Join a support group, simplify your life/use a schedule*
- *Pace yourself and build in sustainability and build time for yourself, be flexible for changes and the unknown*

9. When did you first realize you were a caregiver?

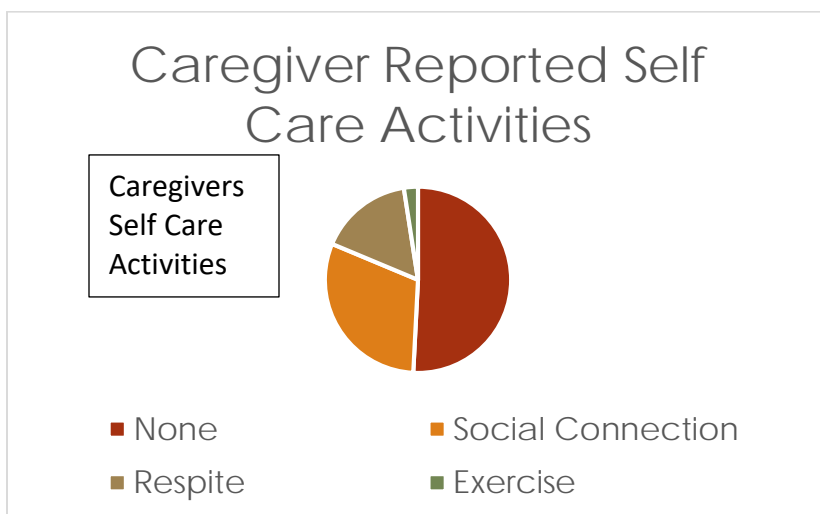
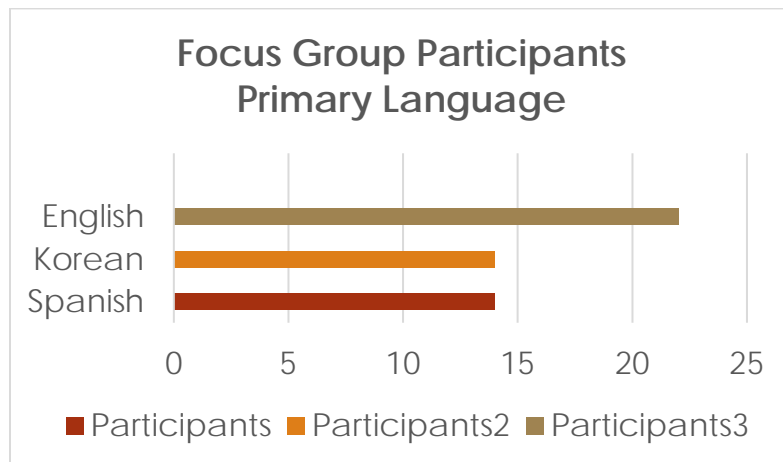
*DATA*

- *When he realized he would have to provide more or all of her care in the future because she was driving erratically and repeating stories and questions. Something was off to him.*
- *When she started going to services targeted towards caregivers.*
- *She thought caregiving was a job*

## Introduction:

A total of **50** participants completed the focus group process. The focus groups were in person group processes conducted in June and July 2019. The focus group process captured the experience of unpaid caregivers, top support and service needs identified for caregivers, challenges caregivers face accessing services and supports, and solicited feedback from caregivers on what's needed in the community for caregivers to maintain optimal health and wellness. Data presented is qualitative and percentages are estimated based on frequency of responses identified in focus group conversations.

## Participant Characteristics:



## Participants

### Caregiver Status

- **61%** indicated they were currently providing help for an adult family member, friend, or neighbor.
- **39%** indicated they had previously provided care for an adult family member, friend, or neighbor.

### Caregiver Characteristics

#### Primary Language

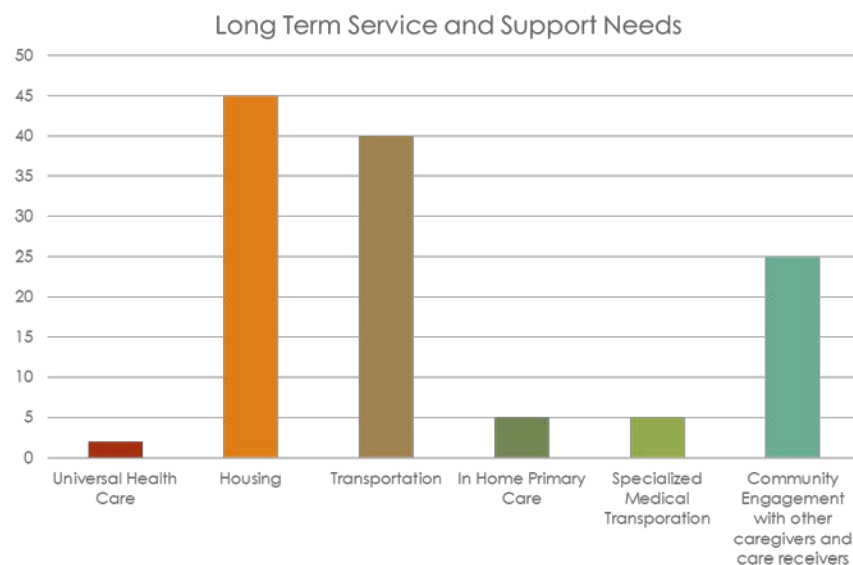
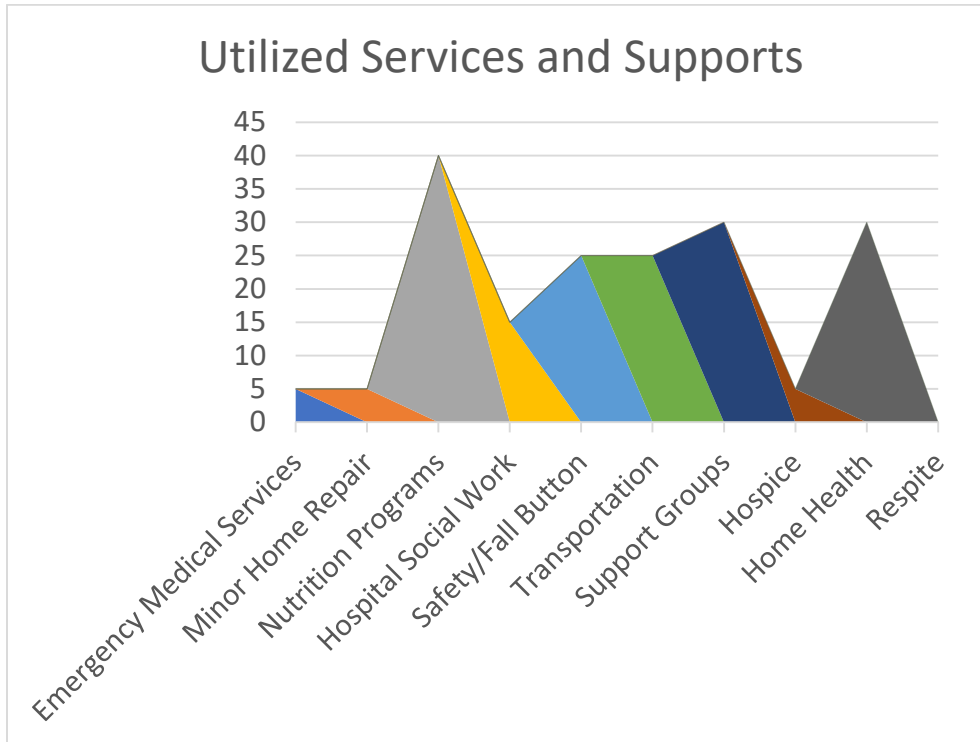
- **28%** of participants indicated Spanish as primary language.
- **28%** of participants indicated Korean as primary language.
- **44%** of participants indicated English as primary language.

### Caregivers Identified

#### Importance of Self Care

- Participants identified self care activities as most important to maintain optimal health and wellness.
- Participants identified no self care activities.
- Participants utilize respite to get a break from caregiving.
- Participants are actively engaged in community social activities.
- Participants exercised to relieve caregiving stress and burdens.

## Long Term Services and Supports:



### Utilized In Home Services and Supports

#### Participants reported using:

- **Emergency Medical Services, Minor Home Repair and Hospice Services.**
- **Nutrition Programs**—Home delivered meals and congregate meals.
- Participants learned options of in home services and supports from **hospital social work** or nursing staff.
- **Transportation services** and personal emergency response system (**safety/fall buttons**).
- **Home health services**
- **Respite** (paid and unpaid) time when care receiver is cared for by another—allowing the caregiver to take a break.

### Needed in Services and Supports

- **Health Care** coverage was identified as a need and universal health care was brought up by a few participants.
- **Housing** was identified as an overarching need residentially and for long term care placement.
- **Transportation** needs and specialized medical transportation needs were identified. Access to the community and needed services was a need identified by participants.
- A few participants reported a need for a **primary care** physician serving patients **in their home**.
- Caregivers identified connection and **community** of others in a similar situation or who understand their experience, as a critical support to their role as a caregiver. This provides much needed emotional support and prevents isolation.

## Caregiver Experience:

What is one gift or piece of advice you would give to other caregivers?

1. Care for yourself.
2. Find community and don't isolate yourself.
3. Let go of expectations and be flexible along the journey.
4. Be sustainable, caregiving is a marathon not a sprint.

## Caregiving in a Healthy Manner:

Participants were asked what services and supports were needed for them and others to caregive in a Healthy Manner. “Healthy Caregiving” was described by the participants as exercising self care, maintaining their own health through maintaining medical regimes, exercise, adequate sleep, proper nutritional intake and engaging in socialization in the community. The responses to the need for services and supports are displayed above and the themes that emerged from the focus groups are listed below.

### Identified Themes

*Self care is the most important part of the caregiver role*

*Access to Healthy Activities*

### **Caregiver Advice to Others Beginning their Caregiving Journey**

- Caregivers identified self care as the most important part of the caregiver role.
- Have knowledge of services and supports and ask for help from formal and informal supports.

### **Caregiver themes identified from focus groups**

- Caregivers identified self care as an important part of the caregiver role, but they rarely take time to do it for themselves.
- Caregivers identified connection and community of others in a similar situation or who understand their experience, as a critical support to their role as a caregiver. This provides much needed emotional support and prevents isolation.
- Caregivers identified education and navigation assistance as some of the most important formal services and supports. Social workers, hospital staff, community based agencies, and educational resources helped caregivers prepare and make decisions on behalf of their loved one.
- Caregivers identified receiving help with their caregiving responsibilities as a primary support. Respite was reported as help from family and friends, formal caregiver or hospice services, home delivered meals, transportation assistance, etc. Respite--any activity the caregiver would normally provide to their loved one that someone else assisted with.

## *Socialization Activities*

## *Advocacy and Access to Services and Supports*

### *Advocacy for people who are isolated—socialization opportunities*

### *The importance of asking for help and receiving help –espite*

### *Access to affordable healthcare*

### *Affordable and safe housing*

### *Transportation*

- Caregivers who were able to find the positive in their caregiving role and accept their new responsibilities and life were able to find more joy and satisfaction as a caregiver. Moments of pride as a caregiver were connected to the caregiver acting as an advocate for the best interests of the care receiver and receiving praise and validation from others for their new role.
- Caregivers identified more natural supports and activities to be more helpful and meaningful than traditional clinical supports. For example, weekly Alzheimer's walk at the zoo, connecting with others over coffee while care receiver is occupied and cared for.
- Participants identified full health care coverage as the most important support to get the care they need the most for themselves and their loved ones.
- Affordable senior housing and transportation options. Individuals stated doctors who could make home visits and specific medical transportation would be extremely helpful.





# *Executive Summary: 2020-2023 Area Plan Public Comment Sections*

Snohomish County Long Term Care and Aging--  
Designated Area Agency on Aging



Snohomish County Long Term Care and Aging, the designated Area Agency on Aging for Snohomish County, develops, in accordance with the Older Americans Act (OAA) mandates, an Area Plan on Aging. Each Area Plan on Aging spans four (4) years and is developed with input from consumers, service providers and other stakeholders and outlines needs, proposed recommendations and mandated programs and services targeted to older adults and individuals with disabilities. The most recent Area Plan on Aging spans the timeframe from the years 2016-2019. This document, provides a summary of the public comment sections of the 2020-2023 Area Plan on Aging. There are four (4) sections of the 2020-2023 Area Plan on Aging that the public are invited to comment on. These sections are as follows: (1) Prioritization of Discretionary Funds, (2-4) Issue Area Themes: (2): Healthy Aging (3) Expanding and Strengthening Services and Supports that Prevent or Delay Entry into Medicaid Funded Long-Term Services and Supports (LTSS), and (4) Person Centered Home and Community Based Services. A short description of each section is provided. In (1), The Prioritization of Discretionary Funds section, direction is provided to guide the decision making of Council on Aging members in the event of an insufficiency or an increase in funding for programming funded with discretionary funding. In addition, the programs served under these funds have been prioritized by the Council on Aging (COA). This section was updated by the Snohomish County COA for this Area Plan on Aging. Sections (2-4) are the Issue Area Themes and each section includes descriptions of programs, areas of focus for these programs and goal setting. These sections were developed in collaboration between Long Term Care and Aging and our Aging Network. Section (2) is on Healthy Aging and includes three areas of focus: Alzheimer's Disease and other dementias, the evidence based Chronic Disease Health Management Program and Nutrition with a focus on the Congregate Meal Program. Section (3) is on Expanding and Strengthening Services and Supports that Prevent or Delay Entry into Medicaid Funded Long-Term Services and Supports (LTSS). This section focus on the Aging and Disability Network, the Family Caregiver Support Program and the Medicaid Transformation Project Demonstration (Medicaid Alternative Care and Tailored Supports for Older Adults Programs). Section (4) is on Person Centered Home and Community Based Services and includes two (2) areas of focus: Medicaid Case Management and the Aging and Disability Network. Public comment on these sections of the Area Plan will be elicited in two (2) formats. One format will be a posting on the Snohomish County Long Term Care and Aging website for fifteen (15) business days and the second format will be a public hearing. The public hearing will be agreed upon by the COA and will be administrated in collaboration between the COA and LTCA. Upon approval from Snohomish County leadership, the 2020-2023 Area Plan on Aging completed document will be available for review on the Snohomish County website at <https://SnohomishCountyWa.gov/430/Long-Term-Care-Aging> .



# Executive Summary: 2020-2023 Area Plan Public Comment Sections

## **Snohomish County Long Term Care and Aging-- Designated Area Agency on Aging**

### **2020-2023 Area Plan on Aging**

The following sections are the public comment sections of the Area Plan on Aging. The specific section numbers in the overall Area Plan on Aging are indicated so the reader could find these specific sections in the Area Plan on Aging document—once it is approved by Snohomish County leadership and released to the public.

#### **Area Agency Planning and Priorities**

*Section A.4 Prioritization of Discretionary Funds*—The Snohomish County Council on Aging restructured the prioritization of programs funded with discretionary funds and focused the questions a panel would utilize when making decisions to increase or decrease funding for these programs. All discretionary funded programs are competed under a Request for Proposals (RFP) process.

#### **Issue Area Themes**

*C-1. Healthy Aging*—This section was developed in collaboration between our Aging Network and Snohomish County Long Term Care and Aging. Alzheimer’s Disease and other dementias, the evidence based Chronic Disease Health Management Program and

## *Area Plan on Aging 2020- 2023*



Outlines the needs and proposed recommendations and Older Americans Act mandated programs and services targeted to the needs of older adults and individuals with disabilities in

Snohomish County. To make comments on the public comment sections of the Area Plan, please go to the Snohomish County Long Term Care and Aging (LTCA) website at: [Aging Website at https://snohomishcountywa.gov/430/Long-Term-Care-Aging](https://snohomishcountywa.gov/430/Long-Term-Care-Aging)

The 2020-2023 Area Plan on Aging:

- Upon approval, a copy of the 2020-2023 Area Plan on Aging will be available LTCA website.



Nutrition with a focus on the Congregate Meal Program. Each of these three programs or supports are described and areas of focus as well as goal setting are identified.

Alzheimer's disease is the 3<sup>rd</sup> leading cause of death in Washington State. Currently, about 107,000 people in Washington have Alzheimer's or another dementias. By 2040, that number is expected to grow to over 270,000. Across the nation, over 5 million Americans are living with Alzheimer's; as many as 16 million will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total \$226 billion, and increasing to \$1.1 trillion (in today's dollars) by 2050. The financial burden of caring for an individual with dementia is similar to that of heart disease and cancer. Snohomish County is impacted by Alzheimer's and other dementias and looks to continue to implement the Alzheimer's state plan. Focus, goals and objectives for implementation of the Alzheimer's state plan are outlined.

Chronic Disease Self-Management Program (CDSMP) is an evidence based program. CDSMP teaches adults with chronic diseases the skills and techniques necessary to manage their health conditions. The Stanford University Patient Education Resource Center has developed, evaluated, and continually updated the program and similar versions focusing on diabetes and chronic pain. Focus, goals and objectives for sustainable funding and identification of goals and objectives for the CDSMP are outlined.

Nutrition programs have been a key part of the Older Americans Act since its creation in 1965. The Congregate Nutrition Program is intended to reduce hunger and food insecurity, promote socialization, and delay the onset of adverse health conditions. The congregate meals served must meet the current Dietary Guidelines for Americans and provide a minimum of one-third of the Dietary Reference Intakes. Most of the congregate meal sites in Snohomish County are located at senior centers. One site, the Multicultural Senior Center located at Homage Senior Services in Lynnwood, serves four different ethnic groups including Korean, Chinese, Southeast Asian, and Filipino. The Hispanic Meal Site meets at the Carl Gipson Senior Center while the Slavic Meal Site meets weekly at the Baker View Apartments operated by the Everett Housing Authority. The Tulalip Senior Center serves Tulalip Tribal members who meet the tribe-determined definition of a senior or elder. In 2018, the Congregate Nutrition Program served approximately 72,000 congregate meals. Focus, goals and objectives for this program are outlined.



*C-1.2 Expanding and Strengthening Services and Supports that Prevent or Delay Entry into Medicaid Funded Long-Term Services and Supports (LTSS).* This section focus on the Aging and Disability Network, the Family Caregiver Support Program and the Medicaid Transformation Project Demonstration (Medicaid Alternative Care and Tailored Supports for Older Adults Programs). Each of these three programs or supports are described and areas of focus as well as goal setting are identified.

The Aging and Disability Resource Centers provide information and assistance to individuals with disabilities and chronic illness, and anyone with a touch on individuals with disabilities or chronic illness across the lifespan. Traditionally, Homage Senior Services provided Information & Assistance (I&A) programs—providing local services, programs, and benefits to enable older adults or their representatives to understand their options and make informed decisions about their needs or problems. Starting in the 2000s, the U.S. Administration on Aging, now part of the Administration on Community Living (ACL), has focused on broadening information and assistance programs for older adults to include younger people with disabilities. Nationally, these centers have been known as Aging and Disability Resource Centers (ADRCs), and in Washington State, as Community Living Connections (CLCs). In Snohomish County, Homage Senior Services identifies this function as their Aging and Disability Network.

The Snohomish County Aging and Disability Network provides:

- Information, referral and awareness;
- Options counseling;
- Streamlined eligibility screening or determination for public programs;
- Person-centered transition support;
- Consumer populations, partnerships and stakeholder involvement; and
- Quality assurance and continuous improvement.

Focus, goals and objectives for this program are outlined.

The Snohomish County Family Caregiver Support Program offers information, support and services to unpaid caregivers caring for an adult 18 years or older with functional disabilities. Services may include: referrals, consultation, education, training, support groups, counseling, respite care, housework, and massage. The goal of the program is to assist unpaid caregivers to exercise self-care and promote wellness as unpaid caregivers gain insight about their journey in providing care for an individual with a disability or chronic illness.

Focus, goals and objectives for this program are outlined.



The Medicaid Transformation Project Demonstration [Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)] promotes improved health through better and more affordable care for individuals age 55 and older. MTPD is designed to help individuals prevent or delay placement in a long-term care facility or utilization of more costly Long-Term Services and Supports (LTSS) benefits. MTPD is free to participate in without an estate recovery requirement or penalty. Two programs of MTPD are Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA). MAC provides supports for individuals with an unpaid caregiver who are eligible for Medicaid but not currently accessing Medicaid-funded LTSS benefits. TSOA established a new eligibility category and benefit package for individuals who do not currently meet Medicaid financial eligibility, with or without an unpaid caregiver, who are at risk of future Medicaid LTSS utilization. Services may include an in-home support worker, home delivered meals, personal emergency button, adaptive equipment and home safety modifications. Focus, goals and objectives for this program are outlined.

*C-1.3. Person Centered Home and Community Based Services.* This section identifies what person centered approaches are and that they are utilized throughout our aging network. Once the person centered approach is described the Medicaid Case Management Program and the Aging and Disability Network are areas of focus.

Person centered approaches are utilized for Medicaid and non-Medicaid service provision. These person centered approaches places the Medicaid and non-Medicaid program recipients as an equal partner in planning and choosing the services and supports that meets their needs alongside the human service professional. These approaches put the program participant at the center of the decision making and views the participant as the experts, working alongside the human service professional, to get the best outcome.

Medicaid Case Management, in Snohomish County, provided, in 2018 service to 3,851 individuals with disabilities and/or chronic illness. Washington is a national leader in offering home and community-based long term services and supports (LTSS) for people with significant disabilities under the Medicaid program. It costs less, on average, for in-home care as compared to care in a nursing facility. It has been essential that Washington's in-home program has grown in its capacity to support people with moderate to severe physical limitations, as well as those who are medically complex, often accompanied by significant behavioral and cognitive challenges. Focus, goals and objectives for this program are outlined.

Aging and Disability Network provides information and assistance and helps individuals with disabilities and/or chronic illness, and those with a touch on the individuals with a chronic



illness and/or disability with community resources, access to services and will help with navigating the complexity that is, at times, present in long term services and supports. Focus, objectives and goals are set forth and focus on developing and maintaining staff trained in person centered approaches and to utilized these skills in service provision and outreach to the community.



## APPENDIX F

### Report on Accomplishments from the 2018 – 2019 Area Plan Update

Council on Aging (COA) advocated to sustain Long Term Care Case Management, expand Dementia Services in the Community and continue funding for Health Homes with legislators at the State Capital. Long Term Care Case Management and Dementia Services in the Community were funded in part by the state. In addition, a Health Homes budget proviso was put into place by the state legislature. The LTCA staff mentored COA members on advocacy and experienced COA members mentored newer members on how to best advocate. COA members also partnered with a member of the State COA to develop best practices for advocacy.

Long Term Care and Aging (LCTA), community partners, and COA members participated in more than twenty (20) educational, outreach events and cross training forums to better help Snohomish County vulnerable adults access Long Term Services and Supports. The Healthy Aging Committee of the COA has hosted successful and well attended forums to promote healthy eating and healthy movement for older adults in Snohomish County.

Case Management has fourteen (14) bilingual staff to better serve the diverse constituency of Snohomish County.

Community partners, contractor providers and LTCA staff are reporting data from programming in accordance with the minimum data set—a requirement of the Area Agency on Aging funder. This reporting of data will add to the robust data collection into a shared statewide data base; CLC GetCare.

The Information and Assistance program of Homage Senior Services is a functioning Aging and Disability Resource Network (ADRN) serving individuals with disabilities and/or chronic illness, and those who have a touch on these vulnerable adults, across the lifespan. This change in business is in alignment with the national No Wrong Door Initiative of having an Aging and Disability Resource Center (ADRC) in local communities. The ADRN is Snohomish County's name for what is referred to as an ADRC nationally. In addition, Homage Senior Services ADRN has taken on taking live calls in the CLC GetCare statewide data base to add further to the robust data collection across the state.

Chronic Disease Self-Management Program has completed a two year grant commitment and continues to deliver this highly successful evidence based curriculum. In addition, this curriculum has been extended to include diabetes and pain. LTCA participated, in partnership with the Tulalip Tribe, to a conference on the Wisdom Warrior program—a culturally relevant and nationally recognized Chronic Disease Self-Management Program



curriculum context. The LTCA participates as a facilitator and a trainer for the delivery of this evidence based curriculum in Snohomish County.

Homage Senior Services, through donations and with the implementation of House Bill 5736 home delivered meal service provision was expanded and no wait list was enacted. LTCA utilized special project funds from the Aging and Long Term Support Administration to purchase a refrigerated delivery van to increase service capacity enabling Homage Senior Services to increase meal delivery. Homage Senior Services raised the match funding and added funds to enable the purchase of the van to be realized.

LTCA is serving on the Dementia Action Council (DAC) to strategically advise Snohomish County how to best prepare for implementation of the Alzheimer's State Plan. In addition, Snohomish County is working toward dementia capability through participation in and the expansion of SnoMentia in Snohomish County, support groups, partnering with the Alzheimer's Association in outreach events and expanding network adequacy in Medicaid programs and for Family Caregiver Support Program.

Ongoing relationship with first responders, case management, and Homage Senior Services in Snohomish County. Homage Senior Services non-core case management executes joint home visits with first responders to optimize resources and expertise of Long Term Services and Support for the greatest impact on the client.

Stable staffing of Case Management staff to meet the needs of constituency served in Snohomish County.

Stable staffing of RN to meet needing nursing oversight of high risk Case Management clients being served in Snohomish County until Title XIX services.

The Medicaid Alternative Care (MAC) and Tailored Support for Older Adults (TSOA) Programs have been implemented and dovetails with the Family Caregiver Support Program (FCSP) as robust programs providing a modest service benefit to older adults and individuals with disabilities and their unpaid caregivers in Snohomish County. Snohomish County LTCA has tripled the amount of unpaid caregivers and their care receivers served since the implementation of the MAC and TSOA programs. LTCA has expanded and continues to expand network adequacy for MAC, TSOA and FCSP. Outreach and training events completed in coordination with community partners and with our funder, the Aging and Long Term Care Support Administration.

## APPENDIX G

### Statement of Assurances and Verification of Intent

For the period of January 1, 2020 through December 31, 2023, the Snohomish County Area Agency on Aging accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 104-144, 42 USC 3001-3058ff) and related state law and policy. Through the Area Plan, Snohomish County Area Agency on Aging shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The Snohomish County Area Agency on Aging assures that it will:

Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans Indians; and d) older individuals with limited English-speaking ability.

All agreements with providers of OAA services shall require the provider specify their intentions to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the Snohomish County Area Agency on Aging for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Provide assurance the Area Agency on Aging, in funding the State Long Term Care Ombudsman Program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the Agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DSHS/ALTSA. The Snohomish County Area Agency on Aging shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.


July 24, 2019  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Director, Snohomish County AAA

July 24, 2019  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Advisory Council Chair

7/11/19  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Legal Contractor Authority

**MARY JANE BRELL VUJOVIC, DIRECTOR**  
**Snohomish County Human Services Dept.**  
 Title